

# Oral Hygiene

VOL. 31, NO. 3

MARCH, 1941

## Making Dead Accounts Pay Up .....309

*Milton H. Rosenzweig, D.D.S.*

Are you marking off those petty accounts as "too small to bother about"? Did you know that by a simple court procedure many dentists collect funds due on small accounts?

## A Blackout for the Newsreels .....313

*Walter H. Jacobs, D.D.S.*

Case histories of newsreels that rate high in dental demerits.

## Skill Alone is Not Enough .....316

*C. H. Puterbaugh, D.D.S.*

"To build your practice, interest yourself in every patient, give adequate instruction, and the most complete service possible," advises Doctor Puterbaugh.

## What Do Patients Think About Dentistry? .....320

This patient-opinion survey, made in Oklahoma, reveals important facts. Over 82 per cent reported that dentists do not recall them for routine examination.

## Taking the Mountain to Mahomet .....322

Dentists in Tennessee and adjoining states, through postgraduate seminars, can now continue their studies at small cost.

## Dentist Sponsors Monument to Wyoming Pioneer .....324

## "Do You Knit, Doctor?" .....326

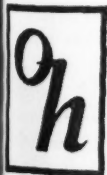
### DEPARTMENTS:

Ask Oral Hygiene .....	335
Military News .....	328
Technique of the Month .....	342
Editorial Comment .....	330
Laffodontia .....	344
Dentists in the News .....	332
The Publisher's Corner .....	282

EDITOR  
Edward J. Ryan  
B.S., D.D.S.

ASSISTANT EDITOR  
Marcella Hurley  
B.A.

EDITOR EMERITUS  
Rea Proctor McGee  
D.D.S., M.D.



EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh, Pa.; Merwin B. Massol, Publisher; W. E. Craig, D.D.S., Associate; R. C. Ketterer, Publication Manager; Mary Connally, Assistant to Publisher; Dorothy Sterling, Promotion Manager; Elizabeth Boyle, Circulation Manager. ADVERTISING OFFICES: NEW YORK: 18 East 48th Street; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. SAN FRANCISCO: 155 Montgomery Street, LOS ANGELES: 318 West 9th Street; Don Harway, Pacific Coast Manager; Nelson Harway, Assistant. Copyright, 1941. Oral Hygiene, Inc. Member Controlled Circulation Audit.

## FORHAN'S CONSTANT MESSAGE TO 40,000,000 PEOPLE:

# SEE YOUR DENTIST EVERY 3 MONTHS!

Don't wait until your teeth  
ache. Visit your dentist every  
3 months, instead of the old  
fashioned "twice a year."  
Thus he can study occlusal

surfaces, keep a close watch  
for signs of Gingivitis, de-  
tect and fill small cavities and  
thus save you pain and dental  
bills in the long run—

At home help your patients guard against

# GINGIVITIS

Clinical investigation shows 95% of Gingivitis cases  
remarkably improved in 30 days (after prophylaxis)  
by daily brushing teeth and massaging gums with  
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*with massage*

For Firmer Gums—  
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## MAKING DEAD ACCOUNTS PAY UP

by Milton H. Rosenzweig, D. D. S.

WHAT ARE YOU doing about the long-standing, little debts that plague your bookkeeping and aggravate your spirit?

Many dentists shrug off these delinquent accounts as "hopeless," or "too small to bother about." Yet, other dentists have received all the money due them—in some cases as much as \$500—without using much time, effort, or money. They know through personal experience that it is foolish to wipe such debts off the record, when there is a simple court procedure for dentists to get the funds that are coming to them.

I refer to the small claims court. It is set up to relieve the professional man and the small tradesman. Procedures vary, but all small claims courts are informal. Usually, the dentist makes a personal visit to the clerk of the court to file a complaint

of non-payment of a bill. The dentist tells the court the debtor's name, address, the amount and the period for which dental care was given, and how long the bill is owing. He advances \$1.25 per complaint, and he is told then and there when to come for the hearings.

Two advantages of the small claims court are the simple procedures and the low costs. The court sends out an official summons to notify the patient of the claim, and to tell him he must come to court for the hearing. This summons is a court document which cannot be safely ignored. The form

is sent by registered mail, return receipt requested. It goes out on stationery bearing the seal of the court. The patient receiving such a notice can either pay his bill and avoid an appearance, or else show up in court.

**Forty-five per cent of all professional users of New York City's small claims court are dentists. About 35 per cent of their cases are settled without even going to trial.**

Most dental claims are settled promptly because the patients prefer to pay up right away and not come to court. What happens to those who do come to court?

The proceedings are not involved in length. The judge talks to both sides, gets the story from patient and dentist. Rules of evidence are not used, there are no pleadings, no lawyers, no delays. Generally, the judge is anxious to settle cases, delves right to the root of the matter, and usually succeeds

Now, how does all this work out for the dentist? The records of New York City's small claims court show that 45 percent of all professional users are dentists. About 35 percent of their cases are settled without even going to trial. Fees reclaimed by the court for dentists range between \$10 and \$25. Even small debts that the dentist doesn't ordinarily bother to follow can be settled through the court. Dentists easily clear up bills for \$5.00, \$10.00 and \$15.00. More dentists

### SUMMONS TO DELINQUENTS

Thomas A. Beaudry, clerk of the New York small claims court, cites a section from the city's summons which is considered one of the best aspects of the procedure.

It is the paragraph providing for time-payment in these words, "If you admit the claim, but desire time to pay, you must appear personally on the day set for the hearing, state to the court that you desire time to pay, and show your reason for desiring time to pay."

in getting the patients to admit their indebtedness. Arrangement is then made for payment, often on an installment basis, sometimes as little as 50c weekly.

If a debtor refuses to come to court or defaults in his payments, judgment is automatically entered against him and follows the usual legal procedure. All costs in a small claims court are born by the defendant. He pays the \$1.25 which the dentist put up when filing the case. The court does allow \$5.00 for an attorney, if the dentist wishes one, and that, too, is borne by the debtor.

use the courts than physicians or any other class of professionals.

Many New York dentists, who seem to prefer Friday as a day off from their offices, come to the court regularly on Fridays to file claims one week for court action the next. By coming to the court weekly on their "vacation" day, some of these dentists clear up as many as 20 or 30 cases, which have been outstanding for several years.

You can discover whether there is a court in your community by getting in touch with the court of minor jurisdiction, whatever the division's name. Suppose you live

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**Delinquent dental accounts, "too small to bother about," can be settled readily through small claims courts.**



in a state that has not yet arranged for small claims courts — what then? It should be a comparatively easy matter to join in with physicians and try to get your state legislature to install such a court.

Small claims courts are spreading because of their value to the smaller tradesman and to the professional man. All states do not have them, but a number do. There are these special courts in Ohio, Massachusetts, Washington, Utah, Oregon, California, Michigan, Minnesota, District of Columbia, Pennsylvania, Idaho, South Dakota, and Nevada. New York City opened its first small claims court in 1934, but the first one in the country was started in Topeka, Kansas, in 1913.

#### **Procedure Varies**

The different states have varied procedures. There is no set rule as to the amount a claim must be to come within the small claims court.

Their use is optional, as an alternative to regular trial, and therefore recourse to them automatically eliminates trial by jury. Such courts help the state by keeping the judicial docket free of a mass of small debt cases, by cutting down the length of suits and saving costs, and by avoiding trials.

The dentist is benefited because he has ready access to a court which understands his problems, welcomes even his smallest cases, expedites their course, and obtains long-overdue money.

Does use of the court antagonize patients? Many, it is true, are aggravated because the dentist has haled them into court, even though some may admit it is for just cause. These patients pay their bills through the court procedure but are lost to the dentist. However, they were lost to him long before.

When it comes to debts, patients stay away from the dentist because

they have no intention of paying, or else because they are ashamed to face him. Without the court, it is unlikely either of these types would voluntarily come back to the dentist. Some few of those hesitant to call on the practitioner, because they owe him money, might conceivably return as patients, but the dead-beats certainly won't. The question is, does he want them to?

The important point is that reasonable, fair-minded patients brought into touch, after a long lapse, with the dentist, usually own up, following an experience in the small claims court, that the treatment was harsh but deserved. Those people more often than not return as better paying patients. They are, of course, the desirable ones he'd like to have come back to his care.

Lest the question of ethics deter a dentist from using the services of

the court, it may be said that it is entirely right and proper for a dentist who has fulfilled his side of the bargain to insist that the patient's side of the bargain be carried out also. Of course, recourse to the court should be a last resource.

In fact, dentists who try all other collection means and then use the small claims court do a service to fellow practitioners in disciplining the habitual debtor who shops for dentists, runs up a bill according to the individual dentist's toleration point, and then goes on to work the same racket on the next too-easy dentist.

All in all, the small claims court offers dentists the simplest, most effective method for recovering gold from the scrap heap of lost accounts.

1452 White Plains Road  
Bronx, New York

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### *Speaking as a Patient—*

There are several situations in the lives of people in which they prefer silence from the telephone: when they are taking a bath, listening to a favorite radio program, or sitting with a full mouth in the dental chair. A busy dentist has a busy telephone, but most of his calls can be expertly handled by his assistant. Those he must take should be brief and business-like. His social conversation should be made at times when no patient sits in the chair, who may be vaguely wondering in his discomfiture if, perchance, the "time-out" for telephoning may be added to his dental bill. But, some of the irritation of the telephone interruptions may be lessened, if the dentist remembers to scrub his hands with great gusto before returning to the dental chair.

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## A BLACKOUT for the NEWSREELS

by *Walter H. Jacobs, D. D. S.*

ASK ANY DENTIST, dental hygienist, dental assistant, dental supply dealer, drugstore sandwich man, or barber how to make the dear public more favorably dental conscious and no time will be lost in expounding ideas, theories, and suggestions. Ask patients, old patients, "kiddie" patients, transient patients and free family patients, how to make people interested in more and better dentistry, and the answers will flow like soft plaster going past the tonsils. Everybody has ideas on the subject and one idea must be about as good as another, because to date no particular one has brought about the utopian dental dream;

that is, patients smashing their way through dental office doors for restorative service, preventive service, or home work (instruction in toothbrush drill, gum massage, and dental tape formations).

The motive behind this dissertation is to contribute just one more idea to the already swollen philosophy, to make our devoted public favorably dental conscious. It might entail great financial expenditures, much political maneuvering, and perhaps even further ignite international complications. But if it works, why worry about minor details? We will need much money, because it will be a case of

buying and stopping. No, not buying up the world's supply of toothbrushes and stopping their sale—so that in time all teeth will decay, and thus dental service will become imperative. This idea, while also suggested for the moment, cannot quite qualify because of what is known as "ethics." Our brainstorm, our great contribution to dental philosophy, our idea, in other words, is to buy, suppress, and destroy all *Newsreels*!! And now for the reasons.

### A Case History

Take the case of little Gwendolyn going to the special Saturday morning show for children at the "Bijou." After sitting through two reels of "Super-Dope," three reels of "Operator 4Q," a thrilling episode of "The Phantom Ghoul," a travelogue on, "Life in Madagascar," and four reels of "Stupid-man,"—then come the newsreels. By this time little Gwendolyn has been well awakened and stimulated, and she is in a most receptive mood. In the newsreel she becomes most interested in the shots of the lions and the bold lion-tamer. After a few tricks over the jumps, the tired, blind, and rheumatic beasts rest backstage, and Professor Greeps, the bold trainer, approaches the lens for a closeup to tell about his daring act. As he talks, Gwendolyn is fascinated at the black, irregular, tobacco-encrusted tombstones, which she takes, correctly, to be his teeth! And the fact that one of his bicuspid wiggles to and fro with each word also lends enchantment to the shot. Now, thinks little Gwendolyn, she too wants nice, funny,

loose teeth! What fun they would be at parties! No more toothbrushing for her. Why the brush might clean the teeth and spoil everything. And so the several months of lectures on oral hygiene that she listened to in school go up in smoke.

Now to another case history. Take little Marmaduke (and you can have him), Gwendolyn's brother. He, too, has seen the show and now eagerly awaits the newsreels. To him the most interesting shot is the setting of a new pole-vault record. A closeup follows, and the new champion tells how he did it. Marmaduke's interest in pole-vaulting is gone as he becomes intrigued by the pictures of a man speaking without front teeth. What funny sounds the man makes, and how cute his tongue looks as it bounces about his mouth! If only he (Marmaduke) could lose all his front teeth, would he be that funny to look at too? And he was almost going to the dentist today! Why that would have been terrible! All that bothers Marmaduke now is how to get rid of his front teeth.

In the evening Ma and Pa take in the show. Ma is on the edge of her seat as she sees a shot of the Duchess De Consomme doing war work in an evening gown. A closeup comes next, and in it Her Highness's partial upper starts to rumba as she describes how her fourth chateau was ruined. Occasionally saliva squirts through empty spaces between remaining teeth. But Ma feels that, if such dental conditions are good enough for a duchess, why should she run to make an appointment with old Doc Burrmore, just

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Pa is anxiously awaiting the newsreels to see and hear Senator Glump, noted farm and agricultural authority, who is sponsoring a bill to fingerprint all boll weevils. The senator talks, close to the camera, but noises emanating from what looks like Howes Caverns cannot be made to resemble good English. This results from the fact that the lower incisors are eroded flush to the gingival margin, and they hash up the vowels too much. This immediately reminds Pa to cancel his appointment with the dentist next week. If Senator Glump doesn't worry about disappearing teeth why should he?

#### Enter Uncle Edgar

Now we come to Uncle Edgar. Uncle Edgar's interest in national and international events is strictly limited to bathing beauty contests. And, as he is a mathematics teacher at the school for backward children, figures do mean something to him. So when they flash a close-up of "Miss Canarsie—1940," Uncle Edgar's pupils start to dilate and his blood pressure becomes bullish. In this particular shot "Miss Canarsie" tells how surprised she was to win, even though she knows that it cost her old man plenty to grease the judges. Now, she, of *all* the characters in the newsreels, has a beautiful set of ivories, a nice occlusion, form and

color, but who is looking at *her teeth!* And so as far as arousing any "dental" consciousness is concerned, this shot is a real floperoo!

Of course the movie people could solve the newsreel problem themselves and not worry about their suppression and destruction. This could be done by having trick faces, like masks, ready for all closeups. These phony fronts could be placed over the subject's gargoyled map, and then everybody would look like the "after" photograph usually shown in a successful bite-raising case. Or maybe the newsreel people will be willing to just focus the closeups of the toothless wonders from the neck down.

Anyway, why not form the F.A.C.F.S.D.N., Fellows of the American College For the Suppression and Destruction of Newsreels? Wouldn't that be something distinctive to add to the letterhead after the extremely ordinary, D.D.S.? And wouldn't it look swell on all cards, papers, and in obituaries? Membership will be open to all members of the dental and allied professions. We will have big fellows, little fellows, funny fellows, sad fellows, odd fellows, even plain fellows, male and female fellows! This society will surely be as effective as some others whose aim is to tell the dear public not to eat candy, cake, or pastry. The worst that can happen with our F.A.C.F.S.D.N. is that it won't work either!

124 West 93rd Street  
New York City

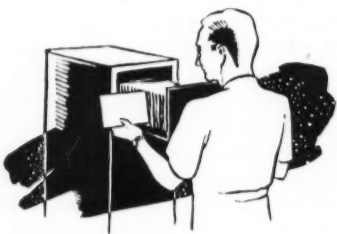
# Skill Alone IS NOT ENOUGH

by C. H. Puterbaugh, D. D. S.

**To build your practice, interest yourself in every patient, give adequate instruction, and the most complete dental service possible, advises Doctor Puterbaugh.**

CAN IT BE THAT thousands of dentists present agreeable personalities to their friends, strive to keep abreast of the latest scientific advances, and fail in their attempts to keep busy?

If you neglect to give your patients adequate instruction in

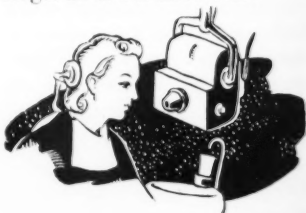


mouth hygiene, or to impress them with their need for adequate dental care, you are slipping. You should keep accurate records of service given, fees collected, and expenses. You ought to inventory your records at regular intervals, keeping a special file, which informs you whether Mrs. Jones has had that infected tooth extracted, that third molar removed, or a bridge placed where a tooth was extracted some time ago. You should look up a pa-

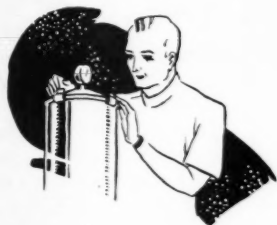
tient's record when she calls to make an appointment, so that you may be prepared to talk intelligently about her dental problems without that embarrassing delay after her entrance. Make her feel that you are interested in her, even when she is not present.

Do you know how much money your patients spend with you per year? I find that my average patient spends much more money with me now than ten years ago. I believe this average has risen because I am giving a more complete dental service. My patients are having more restorations and bridge-work inserted than ten years ago. They are having more defective teeth extracted and more dentures constructed.

An X-ray machine often uncovers defects, and is really essential, because it helps to convince patients that they should have service now, rather than at some nebulous future date. When patients are sent out of the office for roentgenograms, they usually go home and forget all about their teeth.



A vulcanizer is a helpful gadget. Many laboratories work only five days a week, but you can repair a broken denture on Saturday morning in your own office. To avoid embarrassment on the street, the patient will be glad to wait in your reception room, while this is being done. Some of us send the patient to the laboratory, which may cause the patient to wonder if we are an unnecessary evil, collecting a fee



for a service, which is rendered, not by us, but by the dental laboratory.

It is my conviction that patients choose you as their dentist, because they consider you an expert on mouth conditions and, in order to foster this notion, you should attempt to give as complete a dental service as possible. If your patients have to visit another dentist for a more thorough examination than you are prepared to give, or for additional dental treatment, they may wonder why you are less thoroughly prepared or less competent than your colleagues.

Very few dentists own a microscope. Many would not use a microscope if they had one and yet, as many of my colleagues agree, a patient would occasionally benefit by



the examination of a smear. What does a patient think when he reports with a sore mouth, tender gums, or even a sore throat, and you just glance at it perfunctorily and, without reference to any scientific data, assure him that it is not serious? Why not send him to a hospital and make an appointment for him, requesting a microscopic examination of a gingival smear? The laboratory fee is usually about one dollar, and you don't have to guess at the diagnosis. Your prestige will rise also, through your affiliation with a reputable hospital.

There is one angle that many of you overlook, until you are old in experience. You fail to make friends of your school faculty and lose touch with them after graduation. You feel that now you are on your own and must make your own way, unassisted. I believe this is a mistake. Faculty members are always glad to advise you as to the suitability of a certain location and



can often put you in touch with influential people in the community where you settle. Later on they may feel more willing to help you out when you are on the program committee of your local dental society.

Attendance at dental meetings has more to do with a man's practice than is generally realized. Many a man avoids dental meetings because of limited finances, a seventy-five cent or one dollar dinner seeming an unwarranted extravagance, when the same number of calories can be purchased in a beanery for twenty-five cents. Perhaps such dinners are an extravagance, but the lift one experiences from an unusually well-prepared meal, served in an attractive manner, in delightful surroundings, not to mention the fellowship and camaraderie that are inspired should be considered. Six or eight such dinners a year would not be too many to attend. If you see a large group of successful-looking men of your own profession together, the world seems less hard. You can benefit from associating with them, if you wish. Then, you will go back to your office looking and feeling more successful than formerly. Your acquaintances will note this



change in your manner, and you will rate higher with them.

One can, of course, keep up with current events through newspapers and magazines, but if you would like to know what the local dentists think of the town board of health,



or if you want their backing, an excellent method is to bring your subject up for discussion at a regular dental meeting. Are you or your colleagues on a local hospital board? Is your profession represented on hospital day? What about the teeth of the school children? Does the supervisor send relief clients to the low bidder? Why did Mrs. Jones leave you and go to Doctor Brown? Perhaps Doctor Brown will find out for you.

Patients often ask me if I know a certain dentist in another town, and, if I do, I admit it, and this constitutes an additional approach to this patient. If I do not, I also admit it, not only because I wish to be truthful, but because the patient may find out that I do not actually know this other dentist.

Practitioners feel well-disposed toward a young dentist if he seems friendly, ambitious, and enthusiastic. They will gladly furnish dependable advice on local citizens,

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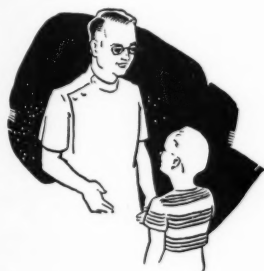
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or anything else you may want to know, as well as put in a good word now and then with friends of yours. They'll give expert advice when you have trouble extracting a tooth, tell you how they like a new forceps that was just bought, and visit you when you are sick. Established practitioners do not fear other dentists. Lack of interest in dentistry, lack of faith in the future, and lack of enthusiasm are their most dangerous adversaries.

Always ask the patient if he is seated comfortably. Patients appreciate attention. Welcome him by name, if possible. Children are especially pleased, if greeted by their own names.



Always stand and sit erect, as good posture usually suggests an able or successful dentist to the layman. A slouchy posture or weary tone of voice usually indicates lack of interest and probably means that you are too tired to give good service. Do not allow yourself

## ORAL HYGIENE

319

to sound weary over the telephone, or annoyed if the patient declares you charge too much. Always remember that patients do not want a dentist who charges too little or seems too easy going.

Do not be saving in regard to laundry. These bills are small items



in your expense account, but pay large dividends.

Try to be positive and even optimistic when you speak. Too many people talk of the *bad* weather, *bad* business, *bad* effects after extraction. Do you feel *worse* today? Do you think it will rain? I *don't* think this would be the best time to have my teeth "fixed," *don't* you think?

Take a vacation occasionally. Patients think you are either a tightwad or a failure if you never take any time off, and sometimes are pleased to find you are not in the office.

Give the impression you are the kind of fellow your patient would like to be.

104 South Race Street  
Urbana, Illinois

### CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective.

# What do Patients Think ABOUT DENTISTRY?

TO OBTAIN A CROSS section of patients' dental opinions and habits, the Oklahoma Publishing Company conducted a city-wide survey at the request of the Oklahoma State Dental Society.

Patients were interviewed by trained investigators, who made 300 house-to-house calls in every section of Oklahoma City. Each adult was asked the same questions, and the results obtained by the survey are published here through the courtesy of the Oklahoma Publishing Company.

## 1. How long has it been since you have been to a dentist?

<i>Length of time since last call</i>	<i>Total</i>	<i>Per cent of Total</i>
6 months or less	155	51.7
7 months through 1 year	78	26.0
13 months through 5 years	52	17.3
Over 5 years	14	4.7
No answer	1	.3

## 2. Did you go to the same dentist last time as the time before?

### *Answers*

Yes	220	73.3
No	77	25.7
New	2	.7
Never	1	.3

## 3. If you didn't go to the same dentist, why not?

### *Answers*

Patient moved	21	26.9
Poor work by first dentist	12	15.4
1st dentist died	8	10.3
2nd dentist closer (more convenient)	8	10.3
1st dentist too expensive	7	9.0
1st dentist moved	4	5.0
Friend urged change	3	3.8
1st dentist hurt	2	2.6
1st dentist was ill	2	2.6
1st dentist retired	2	2.6
1st dentist not prompt with app'ts.	2	2.6
1st dentist not clean	1	1.3
Lack of confidence in 1st dentist	1	1.3
Wanted specialist	1	1.3
No answer	4	5.1

4. When you find that you need dental work done do you always see a dentist immediately?

<i>Answers</i>	<i>Total</i>	<i>Per cent of Total</i>
Yes	149	49.7
No	151	50.3

5. What, in your mind, is the reason people wait so long before seeing a dentist?

<i>Answers</i>		
Fear of pain	171	48.1
Expense	105	29.6
Procrastination	49	13.8
Takes too much time	17	4.8
No answer	13	3.7

6. Do you think an established credit system would induce people to see a dentist more often?

<i>Answers</i>		
Yes	228	76.0
No	70	23.3
Don't know	2	.7

7. Does your dentist ever inform you in any way when it comes time for your regular routine inspection?

<i>Answers</i>		
Yes	54	18.0
No	246	82.0

8. Do you feel that your dentist has kept up-to-date?

<i>Answers</i>		
Yes	278	92.6
No	14	4.7
No answer	8	2.7

9. Do you think dentists charge too much for their work?

<i>Answers</i>		
Yes	161	53.7
No	139	46.3

10. Would you read a dental educational campaign?

<i>Answers</i>		
Yes	236	78.7
No	63	21.0
No answer	1	.3



## Taking the Mountain to Mahomet

IT IS NO LONGER necessary for the dentists of Tennessee to close their offices and travel long distances to take postgraduate courses. An interesting and carefully organized method of offering postgraduate instruction to dentists has been developed in that state.

For the past two years, the Tennessee State Dental Society and the United States Public Health Service, working through the State Department of Public Health have been presenting Postgraduate Seminars. In November, 1940, thirty seminar classes were held in nine key cities in Tennessee by M. K. Hine, D.D.S., F. F. Kanthak, D. D. S., M.D., and George

Diefenbach, D.D.S., M.S.; each class met for two full days and discussed the subject of ORAL DIAGNOSIS, according to a previously planned outline. An effort was made to provide actual clinical experience in some of the diagnostic procedures, together with an adequate discussion of the field under consideration. This program gave the instructor ample time to present a comprehensive study of the subject as a unit rather than one small phase of it. It also gave the dentist sufficient time to discuss his own particular problems and to ask questions at will.

These classes were purposely limited to twenty members, and at-

**Through postgraduate seminars held in centrally located cities, dentists of Tennessee and adjoining states can now continue their professional study at only a small cost in time and money.**

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tempts were made by the local committees to interest all the dentists in the state and adjoining states, particularly those who seldom attended regular dental meetings. The reaction of the dentists attending this postgraduate seminar in Tennessee was generally favorable and, in some instances, enthusiastic. Approximately one-half of the dentists in Tennessee attended this course. Most of them felt that the seminar did not replace the regular dental society meetings but was definitely a valuable adjunct to them. This type of postgraduate education involves more time, thought, and money than the customary methods of approach. Considerable attention must be given to the organization of classes and the development of publicity for the course.

The expenses of this program were defrayed in part by grants from the State Department of Public Health, and in part by the dentists themselves and the state dental society. Each dentist taking the course paid a fee of \$10.00 for two days of instruction; and each one who completed the course received a suitable diploma certifying that he had attended conscientiously.

Any monetary deficiency remaining for the presentation of the course was defrayed by the Tennessee State Dental Society from its funds. Thus the dentists themselves contributed about 60 per cent of the funds as fees for the course, the State Department of Public Health contributed about 30 per cent, and the Tennessee State Dental Society the remaining 10 per cent.

With more attention paid to the development of these programs, plus a resultant increased interest in this procedure on the part of the practicing dentists, such programs could be planned so that the deficit accruing to the dental society would be very small, if any. The main expenditure in these courses is in fees for the instructors.

It is evident that postgraduate dental education, especially the intensive seminar type, should receive more emphasis in the future. It represents the most productive approach to the problem of continual professional education that has, as yet, been devised and, through careful handling of funds, can be made virtually self-supporting.

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### *Speaking as a Patient —*

It annoys me to have my dentist spend time pulling out the drawers in his instrument cabinet, fumbling around for his pet explorer. I should think it would be much easier if he saw that his instruments were kept in order and avoided that waste "organ playing" motion.

# Dentist Sponsors Monument to Wyoming Pioneer

by Herman G. Seely

**Because he was forced to be idle for a few weeks, Doctor Frackelton interested himself in early Wyoming history. One of the results is a monument to Father DeSmet, a pioneer missionary of Wyoming.**

NOT FAR FROM THE Buffalo-Sheridan highway on the shore of the Wyoming lake that bears his name—stands a monument to Pierre-Jean De Smet, Jesuit missionary among the Indians, which owes its existence to the foresight, the energy, and the radio appeal of a pioneer sagebrush dentist—Doctor William Frackelton.

De Smet, a native of Belgium, came to the United States in 1821, entering the Jesuit novitiate at Whitemarsh, Maryland. Years of missionary service among the Indians of the Middle West finally brought him in 1840 to what is now Wyoming. Here during the next twenty years he became known as the peacemaker between the Crows and the Blackfeet and between the whites and the Indians.

Two years ago Doctor Frackelton, a resident of Sheridan, began to take a keen personal interest in the able missionary's career, while



*William Frackelton, D.D.S., is shown with granite memorial erected in honor of Father Pierre-Jean De Smet.*

recovering from a broken arm. It was during this interval of enforced idleness that Doctor Frackelton took to the air over KWYO with a series of reminiscent chats about the old-timers of Sheridan county, based on his forty-seven years as a resident dentist in the city of Sheridan.

Interest in the series was intense, and Doctor Frackelton began to widen the scope of his weekly radio talks. His quest for material led him

to Frank Shively, an educated Crow Indian now engaged in writing a history of his tribe for the government. Shively's grandmother was with Father De Smet on some of his pilgrimages, which amounted in his lifetime to 180,000 miles. It was her story of the coming of the Jesuit into Wyoming that was handed down the generations and given to Doctor Frackelton.

"It struck me," to quote Doctor Frackelton, "as I went along with the story that something should be done about placing a monument to this man's memory and to his achievements."

Accordingly the suggestion went out over the radio waves, to be taken up speedily by a committee of five representative Sheridan and Buffalo citizens. Plans for the 12-ton red granite marker were approved by the State Historical Landmark Commission, the site on the shore of Lake De Smet was donated, and the dedication ceremonies were held late last summer. An impressive and colorful group

of Indians, state officials, and priests participated.

Doctor Frackelton's own career as a dentist has been of more than normal interest. Arriving in 1893, he saw the rise of Sheridan from a wide-open boom town to the thriving community it is today. Some of his early patients and friends included Calamity Jane (in her declining years), "Buffalo Bill" Cody, Frank Grouard, intrepid Indian scout who lived as a captive among the Sioux for seven years, and other characters of a West that is no more.

While his patients now may be less colorful, he is still in active practice and some of the youths who come to him represent the third generation of the families crossing his office threshold. He has delivered more than 100 radio talks without pay, dedicating them to the boys and girls of Northern Wyoming.

700 Kent Road  
Kenilworth, Illinois

### *Speaking as a Patient—*

The laundry cost of a clean operating gown is about twenty-five cents. The cost of a blood-spattered, wax-stained, or wrinkled gown may be hundreds of dollars. What a dentist thinks he may save in laundry bills he may lose a hundred-fold in patients driven away. We do not know how scrupulously careful a dentist is in his sterilizing technique or in his operating procedure, but we can, and do, form judgments on things we can observe and that are within the range of our experience. All of us can tell a dirty gown when we see one—no special insight into dentistry is necessary to recognize that.

# "DO YOU KNIT, DOCTOR?"\*

*by Theodore C. Agins, D. D. S.*

YOU ARE CORDIALLY invited to become a charter member of an organization which has no charter. It has no political color, no formal parliamentary character, not even a slate of orating officers. Furthermore, it has no headquarters, no budget, and neither flag nor seal. However, one quality it does have—a potential membership of several hundred million people. Your particular chapter, however, will be small, for it is the Dental Division of a national non-existent organization, the Society To Aid America.

Can you qualify for membership? Yes, if you like decent American ways. Yes, if you believe with the rest of us that man's faith in liberty, tolerance and good will is the permanent franchise to better living. For your information, signing up (you need neither pen nor ink), is a simple procedure. Can you say yes, that you love freedom and that you believe mercy and compassion far greater attributes to good character than a ruthless malevolence? Yes? Then you have accepted the invitation and you are welcomed as a charter member in our charterless, nebulous, all-powerful Society.

Your password—"I pledge allegiance to the flag of the United States of America . . ."

Your creed?—You have stoutly maintained your belief in Democracy and now you have volunteered to stand on your own two feet and do your share of fighting for it. You will not be alone. One hundred and sixty million Americans will stand up with you, but your own committee will consist of only a paltry sixty-six thousand members.

You will not be required to knit, nor to prepare bundles. You will not be dunned for cash contributions; you will not be asked to forego the niceties of life. On the contrary, you will be asked to help share many of those nice things with others.

Your sphere of activity is well defined; you can help today. Your neighbor at this time is in a jam. He has been conscripted to serve his country and as such must sacrifice his individual life in order to perfect this great American military machine.

Start in your own office to save America. When you decide that your patient, now a conscript in the nation's armed forces, deserves greater consideration, then you have righteously declared your determination to contribute your bit to our charterless Society.

Because you cannot knit, you have been invited to help in another way. In your own office then, no

\*The Dental Outlook, 28:7 (January) 1941.

matter what you contract to do for your conscript patients, do it better for a lower fee. Democracy's battle begins at home. Your own office can be a segment of our fight against the totalitarian tinpots. Let's show them that Democracy works—and damned well, too.

### *Dental Meeting Dates*

Southern Dental Association, annual meeting, Charlotte, North Carolina, March 17-18.

Alabama Dental Association, seventy-second annual meeting, Tutwiler Hotel, Birmingham, April 8-10.

Louisiana State Dental Society, sixty-first annual meeting, Hotel Roosevelt, New Orleans, May 1-3.

New Jersey State Dental Association, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 7-9.

Illinois State Dental Society, Pierre Marquette Hotel, Peoria, May 12-15.

Tennessee State Dental Association, seventy-fourth annual meeting, Hotel Andrew Johnson, Knoxville, May 12-15.

The Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 13-16.

Georgia State Dental Association, seventy-third annual meeting, Hotel DeSoto, Savannah, May 19-21.

The Alumni Society of the Philadelphia Dental School, seventy-eighth annual session, Temple University School of Dentistry, May 21-22.

Pennsylvania State Dental Society, seventy-third annual meeting, Bedford Springs Hotel, Bedford, June 3-5.

South Dakota State Dental Society, fifty-ninth annual meeting, Alex Johnson Hotel, Rapid City, June 15-17.

Mississippi State Dental Association, annual meeting, Buena Vista Hotel, Biloxi, June 9-11.

Northeastern Dental Society, twenty-seventh annual convention, New Ocean House, Swampscott, Massachusetts, June 8-11.

Utah State Dental Association, fifty-first annual meeting, Salt Lake City, June 26-28.

Montreal Dental Club, seventeenth annual fall clinic, Mount Royal Hotel, Montreal, September 24-26.

# Military and Defense News

**Medico-Military Conferences:** Dental Reserve Officers of the Detroit area are expected to attend medico-military conferences every Wednesday evening in the Federal Building. According to Major John C. Slevin, M. D., Medical officer for the Michigan Military Area, these conferences are designed to prepare Reserve officers for active duty with the Regular Army. Although many dental officers have the impression that training other than in purely dental matters is not for them, the contrary is true. The Army dentist, Major Slevin explains, may temporarily become battalion surgeon or assistant operator or even commander of a medical detachment; hence every type of military training is vital to the dental officer.

Among the subjects on the agenda for these medico-military conferences are: Defense against chemical warfare, the study of communications, map reading, elementary reconnaissance for Medical Battalion "Ground," the combat team in attack and defense; S. O. S.—problem of medical supplies in the theater of operations; field treatment of the wounded and of gas casualties.

**Medical/Replacement Center:** Camp Grant, at Rockford, Illinois, one of the best-known world war establishments for enlistment and demobilization, is to become one of the two army medical replacement centers in the United States, specializing in medical corps service. Besides providing special training for men with aptitude for medical service, dental assistants, X-ray technicians, and

laboratory aids, will be given opportunities to develop their own skills in line with Army requirements. The training schedule calls for a maximum of thirteen weeks in the camp.

**Damage to Dental Offices:** The War Council has before it reports of some forty cases of London practitioners, many of whom were members of the Association, whose offices have been severely damaged, in some cases rendered completely untenable as the result of enemy action.<sup>1</sup>

**Rise in Dental Costs:** The Editor of *The British Dental Journal* has this to say on the scale of fees:

"The basis on which the scale (of dental fees) was negotiated has been so radically altered by the sharp rise in price of dental materials and the considerable increases which have taken place in the other expenses of conducting practice that some adjustment of the scale is necessary if the dental profession is not to continue carrying an altogether unfair proportion of the common burden . . . the percentage increase in costs for each practice was ascertained and it was found that, after making proper allowances for every item of expenditure, the general average (of increase) appeared to be in the neighborhood of 10 per cent.

"It will be a considerable shock to the whole profession to learn that . . . the Minister of Health and the Secretary of

<sup>1</sup>The *British Dental Journal*, London, 69:352 (November 1.); 69:444 (December 16) 1940.

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<sup>72</sup>Editorial,  
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*At Chicago headquarters, dental preparedness questionnaires sent out by the American Dental Association are being classified and tabulated under the supervision of Gerald D. Timmons, D.D.S., secretary of the Committee on Dental Preparedness. Only 60 per cent of the questionnaires have been returned. Have you mailed yours? If you do not have one, write for it today to the American Dental Association, 212 East Superior Street, Chicago.*

State for Scotland . . . have decided that no change in the regulations is called for at the present time. This decision means that dentists, many of whom have suffered drastic reductions in the demand for their services on account of the evacuation of their patients and all of them a reduction in their real remuneration as a result of the general rise in the cost of living, are to be called upon to bear the whole of the increased costs of providing treatment for insured persons.<sup>72</sup>

**From the A. I. F. in Africa:** With unwitting generosity the Italians have supplied the Australian Imperial Forces dental corps with useful additions to its equipment in the shape of well-equipped mobile dental clinics, according to a dispatch from Cairo published in the *Den-*

*tal Mirror* of Australia. These clinics were part of a considerable number taken off an Italian ship recently captured in the Mediterranean. Each clinic is contained within a trailer, which has now been adapted for towing by A. I. F. trucks. Thus, much time and effort will be saved, because dental treatment can now be carried on in forward areas without the necessity of bringing patients back to base hospitals.

#### ATTENTION, READERS!

With this issue **ORAL HYGIENE** inaugurates a regular monthly department devoted exclusively to military and defense news as it relates to dentistry. Rapid developments are now underway, and we ask our readers to aid us in reporting them. Please send significant items of national interest relating to our defense program to the Editor, **ORAL HYGIENE**, 708 Church Street, Evanston, Illinois.

<sup>72</sup>Editorial, *The British Dental Journal*, 69:365-66 (November 15) 1940.

## Editorial Comment

Give Me The Liberty To Know, To Utter,  
And To Argue Freely According To My  
Conscience Above All Liberties.

*John Milton*

### Smoking Up the Issue

TAKE A LOOK at the advertising copy reproduced on the opposite page and then try to figure out what is behind the scare headlines. Look for the hidden meaning back of the eagle in full flight, the reaching hands, the forceful pen, the happy little family. Try to answer the question, "Why such excitement and flag waving to defeat a dental bill?"

The copy shown on the opposite page actually appeared in many of the newspapers in Arizona. In 1939 the legislature of that state passed and the Governor signed a bill governing dental advertising. At the instigation of some newspaper publishers this measure was placed in referendum before the people of Arizona in November, 1940. By methods represented in the accompanying copy, using all the old tricks of shouting to protect and defend freedom, rights, and liberties, with the ancient rallying cry, "Down with dictators and tyrants," the people of Arizona were emotionalized and frightened. By a heavy vote, they recorded an overwhelming "No." Thus the measure for the control of dental advertising was lost.

This Arizona experience is an isolated event only in respect to time. Other newspaper publishers throughout the country probably smiled with some satisfaction when the victory over the people and the dentists of Arizona was announced. In other states dentists may expect attacks to be made against dental laws now on the statute books. The attacks will not be forthright and direct wherein the papers will state the case honestly; namely, that they oppose anti-advertising dental laws because of the dangerous precedent that might be established to curtail other forms of advertising, and that such curtailment would endanger the revenue of the papers and make it impossible for them to do as thorough and as independent a job of covering and

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**IT STARTED IN EUROPE! STOP IT HERE!**

Every nation... Arizona Dentists Have Enough Laws!

**Sh-h, Someone May Overhear What Is Said!**

**ARIZONIANS ARE FULLY PROTECTED!**

**Men Who Dared!**

**LET'S BE PRACTICAL MONEY IS IMPORTANT**

**VOTE "NO"**

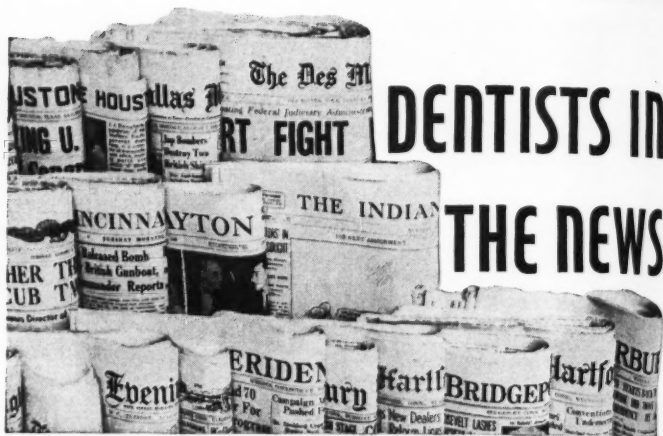
**NOW within the Reach of ALL**

**Hold to the American Way "NO" on 301**

**HOUSE COMMITTEE**

presenting the news. That kind of statement is truthful but not one that will excite voters. Emotionalizing the issue is the first law of the propagandist. Dentists who are used to thinking in objective and scientific patterns are no match for the propagandists. Some day we, as a profession, will learn to fight propaganda with its own weapons.

*Edward J. Ryan*



*Saint Louis (Missouri) Globe-Democrat:* Robert N. LeCron, former Saint Louis dentist, escaped death by four minutes, when he walked out of his home in London's fashionable West End just before it was demolished by a Nazi bomb. He cabled news of the destruction of his home, which also housed his dental office, to a friend in Saint Louis, where he lived before going to London in 1904. Doctor LeCron is president of the Dental Society of Europe and for a number of years was dentist to the King of Belgium.

*San Antonio (Texas) Evening News:* James P. Hollers, San Antonio dentist and major in the Dental Reserve Corps, has been named president of the National Reserve Officers Association. Formal installation ceremonies were conducted recently at Gunter Hotel, and the oath of office administered to Doctor Hollers by Colonel W. B. Tuttle, a trustee of the National Association. Ranking generals and post commanders, as well as all regular Army and reserve officers in the San Antonio area, were

special guests at the ceremonies. Doctor Hollers, who is president of the San Antonio Board of Education, is the first from the Dental Reserve Corps and also the first from Texas to hold the national presidency.

*Cleveland (Ohio) News:* A patent on a bait-casting pistol designed to make an expert fisherman out of the most ineffective amateur, has just been granted to a Cleveland dentist, John C. Shotton, 1079 Forest Cliff Road, Lakewood. Doctor Shotton spent years learning how to cast before he finally turned his atten-



tion to devising a method of casting that is simple enough for even a child. In the pistol, designed by the dentist, is a reel of line. The fisherman aims it at the spot where he thinks a fine big bass might be lurking, pulls the trigger, and

the lure lands wherever the pistol was aimed. Then the fisherman reels in his line, pulls off the fish, or tries again.

*Red Bluff (California) News:* A practicing dentist for sixty years continuously, fifty of them in Red Bluff, Doctor N. I. Boone, celebrated his eighty-first birthday on Christmas Day by greeting the men and women who had been his patients since they were children. He was the first president of the California State Dental Association.

*Louisville (Kentucky) Courier-Journal:* In a recent broadcast over Station WHAS, Raymond E. Myers, research dentist at the University of Louisville School of Dentistry, described the pains-



taking and highly scientific process by which he casts gold dragonflies, for diversion from casting inlays. It requires, Doctor Myers explained, about \$45.00 or \$50.00 worth of gold to cast a solid gold adult dragonfly, which makes an attractive gold lapel pin, although spiders and crickets can be handled more cheaply. Through research in this art, Doctor Myers has discovered that Benvenuto Cellini, the famous Renaissance goldsmith and artist, used a method almost exactly like the one modern dentists employ for the castings he made in gold and other metals. While he creates his expensive ornaments, Doctor Myers is experimenting with different temperatures, pressures, and conditions so that any improvements in procedure may be applied to dentistry.

*Boston (Massachusetts) Traveler:* Although he was forced by illness to give up his successful dental practice in Boston three years ago, Edwin N. Kent has been far from inactive mentally. Besides writing books and scientific articles on dental subjects at his Rockport home, he has now begun to write fiction with promising results. Unable to operate an ordinary typewriter, he has had a custom-built electric machine with a supersensitive keyboard installed in his home. Before his illness Doctor Kent held offices in the leading dental societies of the country and lectured throughout the United States and England.

*Great Falls (Montana) Tribune:* Because for ten years he gave free Thanksgiving banquets for local newsboys, W. H. Barth, pioneer Great Falls dentist, was the guest of honor at a surprise banquet at the Park hotel, given him by local business and professional men who had been his guests at similar dinners, when they carried Great Falls papers in the years between 1906 and 1915.

*Chicago (Illinois) Daily Tribune:* On his fifty-seventh birthday F. J. Conboy, a dentist, was elected mayor of Toronto, Canada, climaxing his twelve years in the city council.

*Dallas (Texas) Morning News:* To Leo Wesley Allred, 34-year old dentist, goes the 1940 award for the most distinguished service by a young man to Dallas. It was presented by the Dallas Junior Chamber of Commerce at a banquet given in his honor, because of the outstanding service Doctor Allred has given to the poor. For the past five years he has donated his spare time at the Wesley Community Center in Little Mexico.

**Columbus (Ohio) Dispatch:** Unhappy because so many poor children in Onawa, Iowa, and vicinity, received no toys for Christmas, H. W. Snyder, a dentist,



decided four years ago that he would do something about it. He began by restoring lost glamour to a few old toys, which he gave some deserving children. The project aroused interest. Citizens, clubs, and schools began to aid in the collection of old toys. Last Christmas Doctor Snyder delivered 360 reconditioned toys and dolls to children in 66 families.

**Racine (Wisconsin) Journal-Times Bulletin:** Eight years ago when the old Racine City bank was closed by order of the State Banking Commission, Harry

G. W. Voss, a dentist, was made chairman of the depositors' committee to aid in the liquidation process. Untrained in banking, Doctor Voss was somewhat desperate over the intricacies of the situation he faced. He decided, however, to take a college course in banking and finance and make practical use of it at the bank. Because he was new in the business, he frequently balked at rulings of the State Banking Commission. If an order didn't seem in the best interest of the depositors, he and the other trustees went to court, and in several instances had the Banking Commission reversed. Results were astonishing to the depositors. Last dividends were declared by the bank a short time ago. All depositors were notified by letter that the trustees had recouped 93 per cent of the original assets, listing only 7 per cent for bad accounts and liquidation expenses. Now the only serious problem is to get the last of the depositors to come in and pick up several hundred dollars in checks that are still unclaimed.

Contributors, who received awards for news stories submitted this month for DENTISTS IN THE NEWS, are:

- EVERETT G. BLASSBERG, D.D.S., 131 East State Street, Columbus, Ohio.
- MRS. W. H. BARTH, 24 Thisted Building, Great Falls, Montana.
- W. G. HOLMES, D.D.S., 230½ Main Street, Denison, Texas.
- SIDNEY P. STONE, D.D.S., 93 Columbia Road, Boston, Massachusetts.
- PAUL P. GREUSEL, D.D.S., Benavides, Texas.
- ELMER E. OLDS, D.D.S., 12 North Central Avenue, Clayton, Missouri.
- MISS MILDRED GROETZINGER, 1430 Washington Avenue, Racine, Wisconsin.

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all copies to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Procaine Dermatitis

Q—I am writing you to ask if you know of many cases of dermatitis among the members of our profession caused by handling procaine, and if so, what methods have been taken to overcome the condition?

I am in my sixties, and have been practicing many years. About six weeks ago the tip of my left index finger became slightly rough where I use it to palpate the area for a mandibular injection. It became worse despite my using ointments of various kinds with a finger cot at night. Soon white scales formed under the nail and these would crack apart when I cleaned my nails and leave a sore fingertip. Gradually this would improve but never entirely heal before another exacerbation developed.

I am compelled to use finger cots all the time now when operating, because of appearance and also to minimize the irritation, and still the condition grows more serious.

One of my colleagues tells me he has suffered similarly and that he knows of others who have been so affected. He says I will not get relief from the condition so long as I have procaine in the office. I never thought I was allergic to anything, especially to this anesthetic.

If I have to eliminate procaine, which I use almost entirely in the placing of restorations as well as for extractions; what can I substitute? Is there any other local anesthetic that is put up in capsules that I can inject?—G. A. P., Michigan.

A.—You evidently have procaine dermatitis, and, for a good many years, we have felt that the only effective remedy was to give

up the use of procaine. However, a number of our correspondents have assured us that they have controlled this condition, some with one thing, some with another.

One suggests the use of powdered sulphur:

"Get some plain powdered sulphur and make a paste by using some oil substance (I use vaseline with the sulphur). Just apply to affected parts. You will get relief in twenty-four hours. If you will use rubber gloves when using procaine your trouble will be all over. I use rubber gloves in all cases where I use procaine or any of our local anesthetics."

Another recommends paraffin and white vaseline:

"Heat equal parts of paraffin and white vaseline. Rub well on the affected parts before using the needle and before retiring at night. Wipe your hands with a dry towel before attending a patient. The vaseline lubricates and the paraffin closes the pores. Never use the needle without first using this on the hands. This mixture eliminates the painful areas in a few weeks, but the applications must be continued, especially before using the needle; use until all symptoms of soreness have disappeared, sometimes for three or four years. This is to pre-

vent a return of the condition. Avoid contact with liquids, saliva, and medicines as much as possible. This mixture should be about the consistency of putty."—GEORGE R. WARNER.

### Halitosis

Q—I had a young lady in my office the other day who has a severe case of halitosis.

She appears to be a healthy girl about 18. She has been to several physicians but they were unable to give her any relief.

I should like to have your opinion on the case.—G. A. C., North Dakota.

A.—It has long been recognized that one source of a fetid breath is the mouth. A recent article<sup>1</sup> deals with the correction of this condition by means of brushing the teeth. The article shows that brushing the teeth does reduce mouth odors.

Digestive disturbances are often the cause of an offensive breath and of these the lack of hydrochloric acid in the stomach is fairly common.

Certain conditions of the bronchial tubes result in bad breath and, in such a case, the bad breath is difficult to remedy.

Atrophic rhinitis results in the most offensive breath I have ever encountered, but that condition is ordinarily found in an older person, and the peculiar odor would be quickly recognized by most physicians.

Prinz and Greenbaum<sup>2</sup> list the sources of offensive breath as follows:

1. Causes arising from purely dental conditions, i. e., the teeth, ar-

tificial dental substitutes and the gingival tissues.

2. Causes arising from diseases of the soft structures of the oral cavity.

3. Causes arising from diseases of the naso-pharyngeal region.

4. Causes arising from bronchopulmonary diseases.

5. Causes arising from the digestive tract.

6. Causes arising from certain metabolic, infectious, febrile and genito-urinary diseases.

7. Causes arising from the presence of absorbed drugs or poisons.

8. Causes arising from foods, condiments and stimulants.—GEORGE R. WARNER.

### Phagocytic Action

Q.—I should appreciate any information, which you could give me, on the following question:

In caries involving the dentine, is it possible for the polymorphonuclear leukocytes or the large mononuclear phagocytes of the blood to pass from the capillaries of the pulp, migrate through the dentinal tubules, and phagocytize the invading bacteria? If not, is there a possibility that the dentinal tubules are too small to permit this passage?—B. S. Virginia.

A.—Polymorphonuclear leukocytes or mononuclear phagocytes are much too large to penetrate dentinal tubules and phagocytize invading bacteria within the dentinal tubuli.—V. C. SMEDLEY.

### Bleeding Gums

Q.—Enclosed you will find a full mouth set of roentgenograms, representing the teeth of a woman of 25. She is slightly underweight. Over a period of two and a half years that I have known this patient she has had recurrent attacks of bleeding of the gums, which readily cease upon the systematic use of any of the three accepted anti-spirochetal medicaments; namely, the arsenical, mercury, and peroxide or chromic acid in conjunction with mercurochrome. The

<sup>1</sup>Sulser, G. F., Lesney, T. A., and Fosdick, L. S.: The Reduction of Breath and Mouth Odors by Means of Brushing the Teeth, *J. of Den. Research* 19:173. (April) 1940.

<sup>2</sup>Prinz, Hermann and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea and Febiger, 1939.

condition completely disappears for a time and, then without any apparent cause, the bleeding recurs.

Her basal metabolism test shows—3 per cent; her blood calcium 10.5 mgs., and there is no sign of anemia in the blood picture. What I would like to know is, after you compare the right mandible with the left mandible, is there a cyst evident; and, after comparing the upper right molar area with the upper left molar area, would you say that there is any periapical pathology?

In looking at the roentgenograms as a whole and noticing the gradual elimination of and the constriction of the pulp chambers and the moth-eaten appearance of the upper jaw posteriorly and the rarefied picture of the mandible posteriorly, would you consider this an osteodystrophic condition?—R. M. B., Pennsylvania.

A.—You are quite right that there is evidence of osteoporosis in the case presented. This is particularly noticeable on the mandible. However the basal metabolic rate would seem to discredit this interpretation.

There is enough alveolar atrophy in the maxillary molar and bicuspid regions to account for the bleeding of the gingivae, particularly when one considers the loss of contacts, with probable food impactions.

In light of the good blood picture I can think of no other cause of the bleeding unless the woman is a cigarette smoker. In such a case we have had recurrent Vincent's infections, which have cleared up upon abstinence from smoking.—GEORGE R. WARNER.

### Ill-fitting Denture

Q.—I am sending you a lower denture model and should appreciate your help in solving a denture problem.

This case, at first, looked like a reasonably good one, but after making it and the upper also, I found the lower was always bobbing up anteriorly.

I took the denture and placed compound in it and had the patient bite into

it and made another case, but the lower denture still bobs up anteriorly.

I tried considerable muscle trimming but it is just the same. I tried making it long and deep along the flanges but still it bobs up. Is there any help for this case?—L. L., Pennsylvania.

A.—The lower denture that bobs up in your patient's mouth is probably overextended, especially across the labial surface. Your cast looks as though the muscle attachments start high toward the crest of the ridge on the labial and, in some of these cases, the lip tends to push back so that the labial flange should not only be very short but thin to prevent the denture being lifted by the lip movement.

A wax that softens at body temperature, would probably give you a more satisfactory muscles trimmed rebasing impression than the compound.—V. C. SMEDLEY.

### Loss of Speech

Q.—I should appreciate knowing what you think of the following case:

One of my patients, a man, about 45, had some soreness and a little swelling in the region of the lower right molars. There was some recession of gum tissue but nothing to outwardly indicate anything out of the ordinary. I extracted all three of the molars, using the mandibular injection. There was considerable excementosis on each tooth removed making them a bit more difficult to extract than ordinarily, yet there was no fracturing of tooth or process; therefore, very little, if any, traumatism. The day following the patient returned with no more swelling than before the removal, no postoperative pain, and the tissues apparently in good condition. But here is what had happened, the man could not speak a word and to date has not been able to utter a sound. He complained of some soreness and pain in the tongue and throat, which is clearing up, but there is no return of speech.

The patient is working every day and says that he is stronger and feels better in every way than before the teeth were removed. I am interested to know what has caused the loss of speech and some-

thing about the prognosis and will thank you for any information that you may give.—H. V. J., Missouri.

**A.**—This loss of speech following an extraction is something new to me. It is hard to believe that his voice is actually lost, or, if it is, that the tooth extraction is the cause. I venture to say that he only thinks he cannot speak and that if he were sufficiently shocked or startled his voice would come back as suddenly as it left. A physician friend whom I consulted about this case has diagnosed it as a possible case of hysteria.—V. C. SMEDLEY.

#### **Belladonna**

**Q**—I recently heard of a dentist making a statement to a patient that belladonna, which her physician had prescribed, was responsible for several abscessed teeth found in her mouth. Being quite rusty on my *materia medica* I am anxious to know if such could be the case.—M. C. P., New York.

**A.**—Belladonna decreases the flow of saliva, together with other secretions.

As a matter of clinical experience we find that caries increase with a decrease in the flow of saliva, particularly cervical caries. If the patient or dentist didn't check this carious action, the pulps might finally become involved, and the teeth become abscessed.

This then shows the possible relation of the administration of belladonna to abscessed teeth.—GEORGE R. WARNER.

#### **Burning Sensation**

**Q**—Will you kindly send me any information you can on the cause of a burning sensation on the side of the tongue? We have a patient who has been complaining of such a discomfort for some time. Neither her physician nor I can find a cause for this condition.

The patient wonders if it can be a few

metal restorations she has in her bicuspid teeth. I can see no reason for any irritation from these restorations and, since they are in perfect condition, I am reluctant to remove them. She has no molars on either side of the upper and lower jaw, and although some posterior teeth are needed badly, she is afraid to add any more metal until we are sure that it is not causing the condition described.

I should appreciate very much any information you can give me on this subject.—E. F. W., Connecticut.

**A.**—The symptoms cited in your letter tally closely with the so-called Costen<sup>3</sup> syndrome. These symptoms are usually caused by a diminishing of the vertical dimension and the consequent pressure of the condyle on the nerves and blood vessels passing through the temporomandibular joint.<sup>4</sup> We find these symptoms are quite likely to occur in cases of loss of the mandibular molars only and of course a little more likely to occur perhaps, when there is a loss of molars of both jaws without replacement. As you can see, when these molars are gone the musculature of mastication pulls the posterior portion of the mandible sharply up and makes this undue pressure in the glenoid cavity. So it would be wise to make replacements of these missing molars and it might even be necessary to build up the bicuspids and increase the vertical dimension more than it would be increased by simply placing the partial dentures to replace the missing molar teeth.—GEORGE R. WARNER.

<sup>3</sup>James B. Costen, M.D., Saint Louis, has recorded and reported a number of such cases under the title, *Glossodynia: Reflex Irritation From The Mandibular Joint as The Principal Etiologic Factor*, *Archives of Otolaryngology*, November, 1935, pages 554, 564. Reprinted by The American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

<sup>4</sup>Kallenbach, T. E.: Factors in Correcting Jaw Position Relative to the Abnormal Temporomandibular Joint. (First Installment) *DENTAL DIGEST* 47:66 (February) 1941.

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# Radiolucent Area

Q—I shall appreciate your advice on the following case:

The patient is a man, 27, and in good health, but rather susceptible to caries and has many restorations. The tooth in question is an upper left central incisor. While removing an old porcelain restoration, I discovered a putrescent pulp. I did not go into the contents of the canal at the first treatment; I just enlarged the opening into the pulp chamber and sealed in a dressing of oxpara mixture to sterilize. At the next treatment the odor was all gone and I found the coronal half of the canal contents was non-vital while the apical half had sensation in it. I made the enclosed roentgenogram and found what appears to be an area of lesser density about the root of that tooth. Does that have any significance at all, in view of other findings?

I have treated the tooth with oxpara several times and have cleaned out the contents of the canal to the apex. The tooth is comfortable and I hesitate to extract it.

The adjacent lateral was extracted under nitrous oxide last March and a bridge placed. The reason for the extraction of the lateral was a sudden and unexpected swelling of the face, which cleared up after the extraction.

Do you advise extraction of the upper left central incisor on account of the radiolucent area, or, would you say that this has no particular significance?

I have considered the alternative of filling the root canal and checking with a roentgenogram every three months for the next year or two.—M. R. K., New York.

A.—You handled the case well, which you presented in your letter, and, if it were not for one unusual condition, that is, a lateral canal, you could probably root fill the tooth and give the patient its use for at least a few years.

However, under the circumstances, having an apparently large



lateral canal, with a good sized radiolucent area at its orifice, with probable destruction of the periodontal membrane and cementum, it would seem wise to remove the tooth.—GEORGE R. WARNER.

## Mouth Breathing

Q—I have a patient, a child, who is an imbecile. This child has all her permanent teeth, which are in good condition. Recently the child's physician sent her to me for orthodontic treatments. She has a slight protrusion of the maxillary teeth, which I believe I can correct.

The mother has told me that the child has been a mouth breather since birth.

Could you please tell me if there are any appliances, which I could use to make the child breath through her nose or where I could find any more information.—J. F. V. C., Illinois.

A.—It seems perfectly ridiculous to me to think of doing orthodontia for an imbecile child or of both-

ering about the mouth breathing either. But if anything is to be done about the mouth breathing no doubt a nose and throat specialist should be consulted.—V. C. SMEDLEY.

### Trauma

Q—I have a case which to me is rather unusual and should appreciate any information you could give me about it. I have a college boy about 20, whose four upper and four lower anterior teeth are aching quite severely. I have examined these teeth closely, have made roentgenograms, but have failed to find any trouble at all. They respond normally to the pulp tester and have no restorations in them. His upper wisdom teeth are erupted. The third molar on the lower right is erupted and the one on the lower left is impacted, horizontally.

This young man is a football player. Last fall he received a kick which loosened these teeth to some extent. They have been bothering him for the past week and a half.

Any information you can give in regard to this case will be greatly appreciated.—W. A. H., Mississippi.

A.—I would suggest that you examine these incisor teeth carefully for trauma and disk them down until they just clear. It is sometimes necessary to repeat the grinding or discing several times at two or three week intervals before traumatized teeth will completely recover. If comfort cannot be provided by this means, (or perhaps anyway) the impacted third molar should be removed.—V. C. SMEDLEY.

### Bleaching Teeth

Q—Is there anything other than pyrozone that I could use to bleach a tooth? The manufacturers make its directions seem so dangerous that I hesitate trying it. I should appreciate your answer on this. If there is nothing else, how do

you go about using pyrozone.—P. I. C., Pennsylvania.

A.—We have used pyrozone for bleaching teeth in our office for twenty or thirty years and have never experienced any harmful effects or serious difficulties with it. I am sure that, if you will follow the simple precaution of holding the sealed glass carpule in a cold wet towel when the seal is broken and then observe the following simple directions, you will have no trouble in securing a satisfactory result: With the rubber dam in position throughout the entire procedure, sterilize and fill the apical two-thirds of the canal, enlarge pulp chamber considerably, fill with loose cotton, and seal it in with hot temporary stopping. With a hot blunt instrument, melt a hole through the center of the temporary stopping and carry several drops of pyrozone between the beaks of a long-nosed operating pliers into the cotton filling the pulp chamber. Seal it in by fusing the hole through the temporary stopping. Sometimes one such application will suffice, seldom more than three at two or three day intervals will be required.—V. C. SMEDLEY.

### Discoloration

Q—It seems to me that the case I am describing I have read something about at some time or other in ORAL HYGIENE. However, I can't remember the treatment, or where I placed that particular copy of ORAL HYGIENE.

My dental assistant has recently experienced a darkening of the gingiva, intermingling with the natural pink color. This darkening seems to be more prevalent running toward the interproximal spaces.

We have tried several treatments for

March, 1941

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this, and so far have had no success at all. The patient is quite dark herself, having dark eyes, hair and complexion. This is about all the information I can give you regarding this condition and what particulars might lead to it.—T. R. C., Illinois.

A.—Pigmentation or a black discoloration of the gums can be

caused by the use of charcoal as a dentifrice, from silver nitrate or other silver salts used as a mouth wash or throat spray, or it sometimes occurs in dark-complexioned people from no determinable or preventable cause.—V. C. SMEDLEY.

### WE STAND EXPOSED\*

JOHN SHEA'S TEETH, according to the hit-and-miss American rule, are his own funeral. That word "funeral" is slang; also it is a sad reality. The cold grave for a generation past has been swallowing more victims of bad teeth than anybody but the dentists know.

Well, then, John Shea's demise itself is his own "funeral." So we used to think. Now we are not so sure.

John Shea is the New York boy who wanted to fight for his country but couldn't because his teeth were bad. His patriotism was equal to a day with the dentist, in course of which the sky fell on him to the tune of the following: Four teeth filled, five crowns repaired, two bridges built and installed. Then back to the army the patriotic John Shea goes.

Till a war threat stirred him, John Shea, 23 years old, was going about with that wreck of dental equipment in his mouth. That, in the old view, was his own "funeral." Was it his own "funeral?"

This wreck of a mouth was losing his country, in an hour of need, a soldier. John Shea's "own funeral" was thus contributing to the funeral of his country. His country, obviously, had a stake in John Shea's teeth. They were not John Shea's "funeral" alone.

A mass of diseased teeth such as John Shea was carrying around would ultimately wreck the vitality and the health of John Shea. If he is the average John Shea, the cost of the wreckage will fall, in time, on the community. The bill may come in form of public support of hospitals, or of a relief dole. His premature funeral may have to be at public cost. Even if John Shea supports himself, his strength will not be great. His country will lose by his lost efficiency.

John Shea and his community and country are, in fact, joint victims of John Shea's neglected teeth. If John Shea lacks the enterprise or the cash to keep his teeth in shape, his country, as well as himself, pays the penalty.

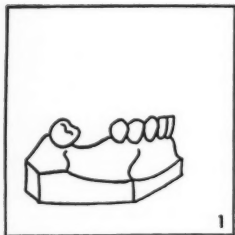
What to do about it? We do not now suggest, save to say that, to begin with, there's something serious to think about.

\*Editorial, Miami Daily News, January 26, 1941.

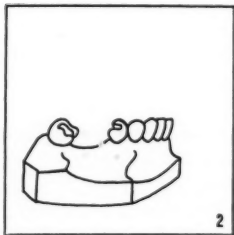
# TECHNIQUE OF THE MONTH

Conducted by W. EARLE CRAIG, D.D.S.

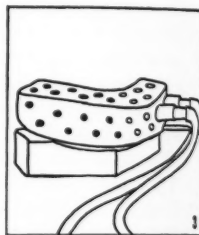
*Simplified Precision Bridgework in case where teeth are tipped,  
by Chas. S. Cuden, D.D.S.*



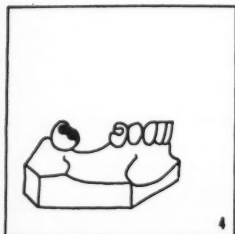
The type of case—the molar tipped forward.



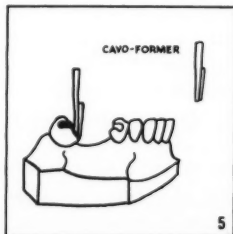
Prepare inlays in usual manner without caution as to parallel preparation.



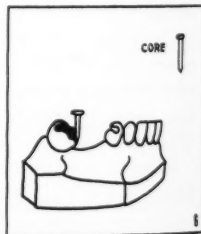
Take colloid impression in manner shown in February Technique of the Month.



Wax and carve up inlay in molar tooth in usual manner.



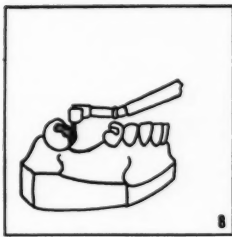
Insert cavo-former (it is to be parallel to distal wall of bicuspid to be bridged.)



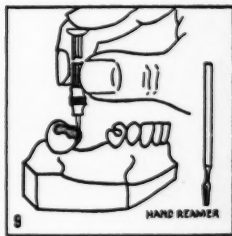
Remove cavo-former and insert stock core in cavity made by cavo-former.



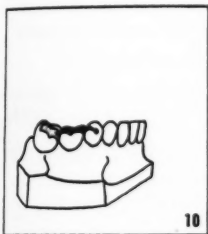
Cast in the usual manner.



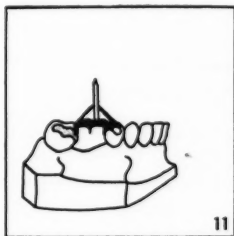
Retouch cavity in inlay, being sure it is parallel to distal wall of bicuspid.



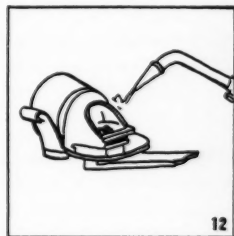
Ream out cavity in inlay with tapered hand reamer.



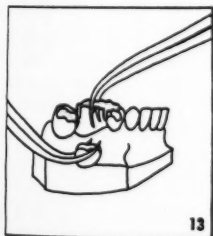
Grind in tooth and wax up bicuspid inlay, pontic, and cavity in molar inlay in one piece.



Sprue as shown and invest.



Cast



Finish, polish, assemble, and set bridge.

If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

Drawings by Dorothy Sterling

# Laffodontia

---

"I'm fed up on that," said the baby as he pointed to his high chair.

A farmer was visiting a Mexican settlement after some years' absence.

Talking to an old friend on a ranch, he said, "So old Buff's gone. Did you miss him?"

"No," replied the other. "That's why he's gone—I never miss."

The new boarder appeared at a boarding house last week and he was not too modest about himself.

New Boarder: "Why, when I left my last boarding house the landlady wept salty tears about it."

Landlady: "That won't happen here. We always collect board in advance."

Norman (playing bridge): "The next time you bid no trump, I'm going to take you out."

Jane: "Oh, Norman! And there's such a heavenly moon too!"

Doctor: "I don't like to mention it, but the check you gave me has come back."

Patient: "Well, that sure is funny, Doc! So has my lumbago."

Doctor: "I've altered your medicine, Junior. It's tablets, not pills."

Junior (complaining): "But I want pills."

Doctor: "Why? There's no difference!"

Junior: "Isn't there? Have you tried blowing tablets through a pea shooter?"

An enthusiastic golfer came home to dinner. During the meal his wife said: "Junior tells me he caddied for you this afternoon."

And the golfer replied: "Just think of that! I knew I had seen that boy before!"

Farmer's Wife (to druggist): "Be sure and write plain on them bottles which is for the horse and which is for my husband. I don't want anything to happen to that horse before the spring plowing."

Magistrate: "Can't this case be settled out of court?"

Pat: "Sure, your honor. That is just what me and Mike was trying to do when the police interfered."

Customer: "Are you sure this parrot can talk?"

Dealer: "Can he talk? Why, a woman's club sold him to me because all the members were jealous of him."

Guest: "Waiter, the service is terrible. You gave that fat man at the table next to mine a steak twice as large as the one you brought me. Where's the manager?"

Waiter: "That fat guy's the manager."

Caller: "Did you say your husband was fond of those clinging gowns?"

Mrs. Keller: "Yes. He likes one to cling for about three years."

Heightened by Lowered Tooth Function

Soft  
calculus

Hard  
calculus

# TARTAR FORMATION

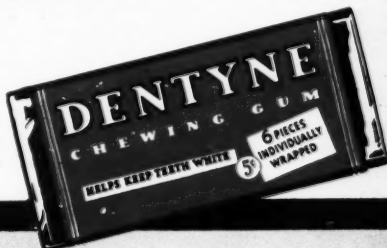
THE IRRITATION provoked by "soft" or "hard" salivary calculi may not of course be lightly dismissed. In their train often follow the most serious gingival and alveolar pathologies.

To forestall these eventualities, many dentists insistently urge the adoption of vigorous chewing habits—"the most effective prophylactic against tartar formation." Their judgment is well substantiated by extensive clinical tests.

In recommending an effective masticatory, the professional preference for Dentyne Gum arises principally from the strong frictional influence insured by its specially firm consistency. Patients like its spicy flavor as well.

A liberal supply of Dentyne samples is yours for the asking. Simply fill in and mail the coupon below.

**DENTYNE**  
**CHEWING GUM**  
THE IDEAL MASTICATORY



American Chicle Company  
Dept. O-3, Long Island City, New York

Gentlemen: Please send me free a supply of samples of Dentyne Gum.

Dr. \_\_\_\_\_

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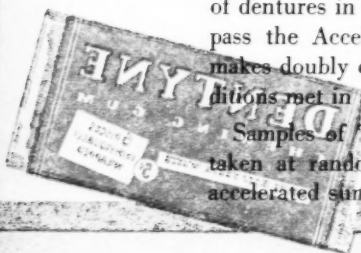
# A sunbath for

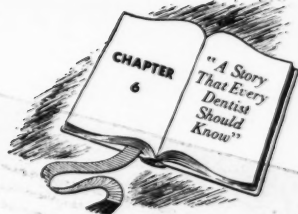
**YES:** Because color stability is an important factor in your selection of a color fast dye. And sunlight is one of the most severe tests to which color can be subjected.

To make certain that dentures made from "Lucitone" will keep their color indefinitely, they get a rigorous test by exposure in an Accelerated Weathering Machine. Developed by the National Bureau of Standards, this machine produces an effect far stronger than the most intense sunlight.

Actually, of course, sunlight has little to do with the fading of dentures in the mouth, but by requiring that "Lucitone" pass the Accelerated Weathering Machine test, Du Pont makes doubly certain that "Lucitone" color will resist conditions met in actual service.

Samples of "Lucitone" in both strip and denture form taken at random from production lots are placed in the accelerated sunlight apparatus. In a few hours they get the

[illegible]



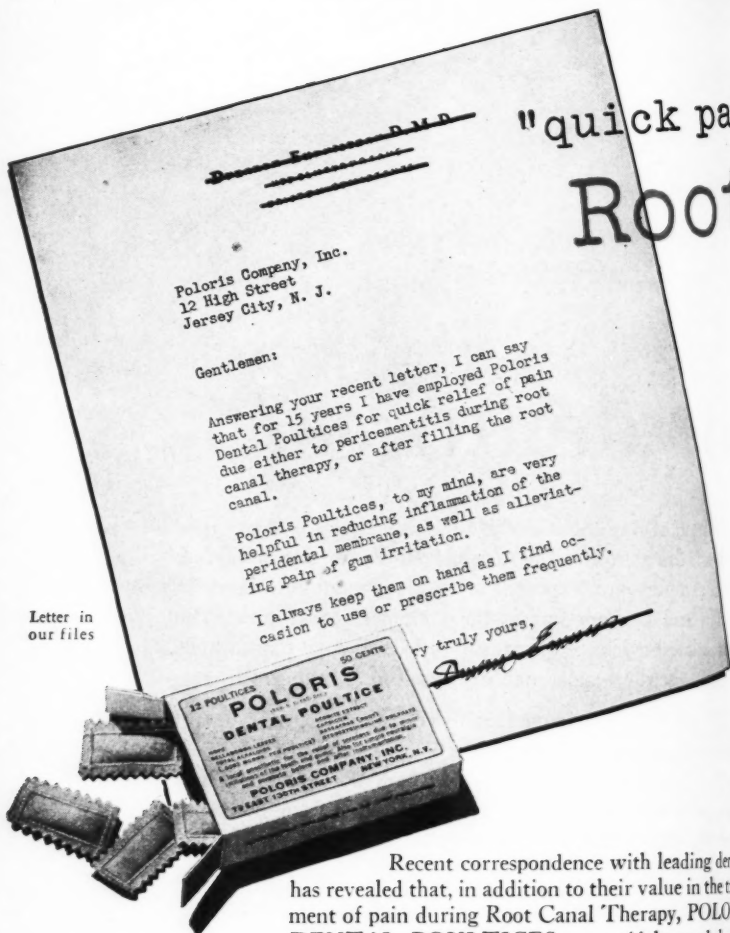
# Path for dentures?

equivalent of one month of actual sunlight. Then, in order to check the action of the Accelerated Weathering Machine, other samples are exposed to outdoor sunlight, both in Florida and in New Jersey, for long periods of time. The accumulated evidence of many "sunbaths" is your assurance that the lifelike appearance of "Lucitone" is there to stay.

This advantage is important to you. But it is only one of many safeguards Du Pont research gives you in "Lucitone." Made only from the purest materials, "Lucitone" is checked and double-checked by a score of tests and controls at every stage of its manufacture.

All this is necessary in an acrylic resin which is specially prepared for dentures. When you fit a "Lucitone" denture for a patient, these safeguards will set your mind at ease. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.

"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Cuth Company, Milford, Delaware.



For FREE SUPPLY of these practice-building products . . . send your card or letterhead to Poloris Company, Inc., 12 High Street, Jersey City, N. J.

Recent correspondence with leading dentists has revealed that, in addition to their value in the treatment of pain during Root Canal Therapy, POLORIS DENTAL POULTICES are widely used by the Profession as a quick-acting anodyne in cases of pericementitis, gum-inflammation and irritation, abscess, pre-operative preparation, post-operative pain, and "telephone-treatment" of non-serious night calls. You may rest assured that when you prescribe POLORIS relief is speedy and safe.

"quick pain reliever"  
Root Canal

Illustration shows  
in Root Canal  
extrusion of  
of canal. Me  
itation or o  
canal may r  
inflammation o  
membrane. T  
tion of Polor  
acts as a lo  
thetic, stimul  
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Prescrib

DENT

# pain relief... during of Root Canal Therapy"

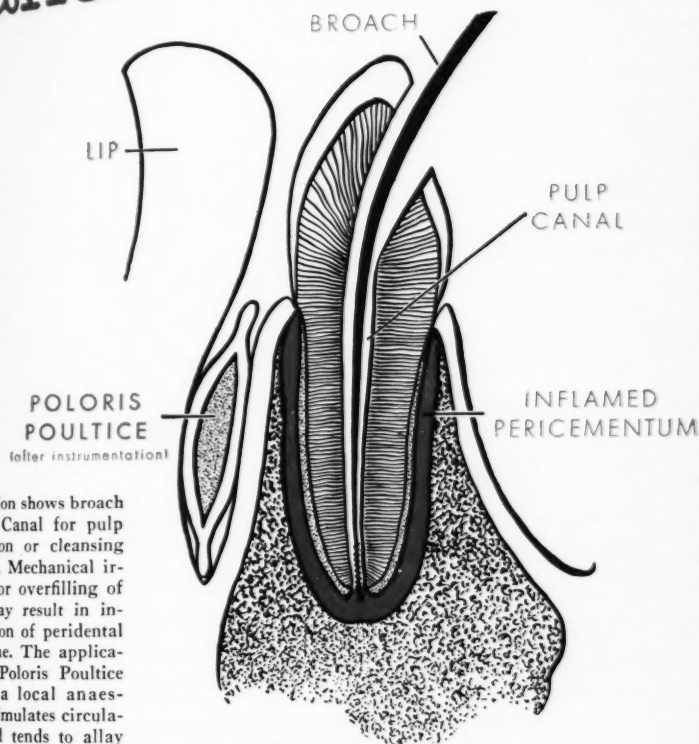


Illustration shows broach  
 in Root Canal for pulp  
 extirpation or cleansing  
 of canal. Mechanical ir-  
 ritation or overfilling of  
 canal may result in in-  
 flammation of peridental  
 membrane. The applica-  
 tion of Poloris Poultrice  
 acts as a local anaes-  
 thetic, stimulates circula-  
 tion, and tends to allay  
 inflammation.

Describe

## POLORIS

DENTAL POULTICES FOR PROMPT PAIN RELIEF

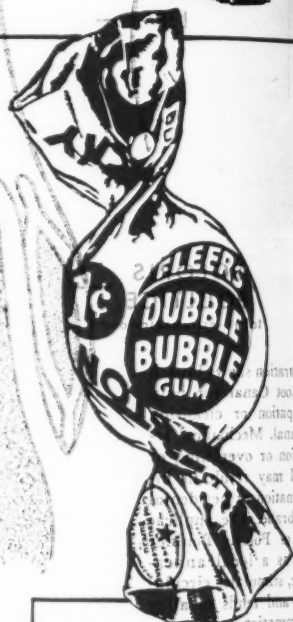
# Good for little Mary and her mother



ORIGINALLY created for children, FLEERS Dubble Bubble Gum can benefit adults as well. It was made three times as large as the ordinary stick . . . because children want a lot for their treasured pennies. It was made tougher . . . because youngsters want their gum to last. It suits their taste so well that they buy more of it than any other penny gum on the market.

These childhood likes have dental advantages for adults as well. Because FLEERS Dubble Bubble Gum is tougher and larger, it has ample bulk to fold over the teeth and massage the gums. It provides more exercise. It also helps remove food particles from the mouth and stimulates the flow of saliva.

Tell your child patients about FLEERS Dubble Bubble Gum and you're on familiar ground . . . gain their confidence. And recommend it to those adult patients to whom it would be a dental aid. Frank H. Fleer Corp., 1000 Diamond Street, Philadelphia, Pa. Manufacturers of chewing gum since 1885.



**FLEERS  
DUBBLE  
BUBBLE  
GUM**



UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST

YOUR PARTNERS IN HEALTH SERVICE



## You can please your patients by using Mi 31 the safe and effective oral antiseptic

Because it kills germs quickly — repeated tests under strict supervision by approved methods have shown that it kills mouth germs in 15 to 25 seconds — and because its economical price you can afford to prescribe it freely.

Diluted even one-half with water, Mi 31 is still effective. Laboratory phenol efficient tests show that at full strength it is twice as strong as N.F. VI Antiseptic solution recommended for oral use.

Its use, too, provides your patients with a favorable reaction to its "clean" taste and you can safely recommend it — as thousands of dentists have done for the past 24 years — for home use as a mouth wash or deodorizer. Its proper use will not harm the most delicate oral tissues.

Mi 31 is a product of The Department of Research and Technology in one of America's finest and most modern drug laboratories. It is available only at Rexall Drug Stores which include Liggett and Owl Stores. Specify Mi 31 for the safety, comfort and convenience of your patients.

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**Make the FIRST Impression  
the RIGHT Impression  
by using  
CLOVER LEAF  
XX IMPRESSION PLASTER**

This precision impression plaster is extremely fine grained in texture for exact reproduction of detail, has practically no setting expansion and breaks with a clean fracture.

Use the coupon below to obtain your free sample and see for yourself how easy it is to eliminate trouble with denture fit.

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and  
SOLUBLE IMPRESSION PLASTER  
X STANDARD SET PLASTER**



**HARD PLASTER  
LABORATORY PLASTER  
HARDITE  
VULCANIZING STONE  
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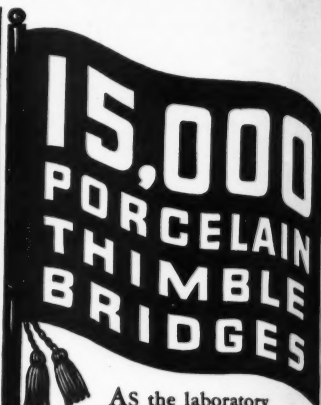
**H. B. WIGGIN'S SONS COMPANY**  
Bloomfield, N. J.

Please send me sample of Clover Leaf XX  
Impression Plaster

Dr. ....

Address .....

City .....State .....



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originators of the **THIMBLE  
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**Binders for Oral Hygiene**  
35c each

When ordering, state for what year  
binder is intended.

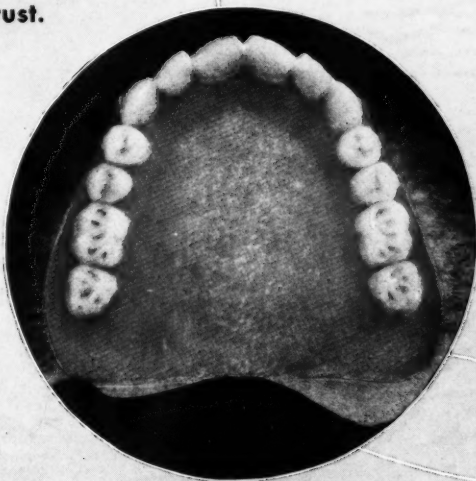
Send order with remittance to  
**ORAL HYGIENE**  
1005 Liberty Ave.  
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## FAMILY TREE

**V**ERNONITE is a "thoroughbred" material with a genealogy that everyone can be proud of — everyone from manufacturer to patient. Its college record of more than 4 years clinical observation in thousands of mouths, its passing cum laude all tests of investigating prosthodontists, its widespread acceptance and recommendation by the profession testify to Vernonite's impressive background. Formulated by a chemical firm of outstanding reputation, distributed by an "old line" dental company, sold through ethical dealers, processed by reliable laboratories, you will find Vernonite dependable, worthy of its name and your trust.

• For the health, comfort and confidence of your patients accept no substitute.

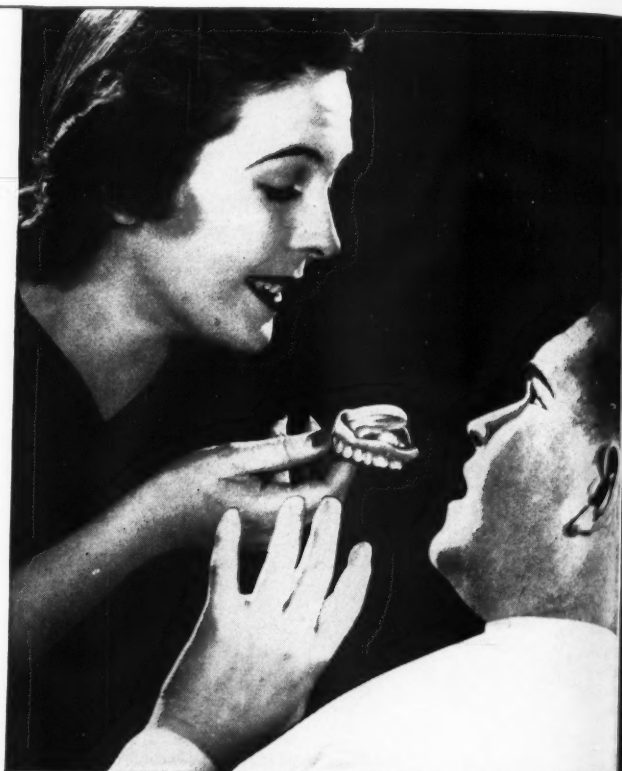


Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

**VERNON-BENSHOFF COMPANY**

P. O. Box 1587, 933 Ridge Ave., Pittsburgh, Penna.

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OVER 50,000 DENTISTS USE AND RECOMMEND

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ing quality!  
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bulky, solid

# "PATIENT'S EYE-VIEW" ADVENTURES

you'll see how important it is to prescribe  
**DR. WERNET'S POWDER**

new denture you've just finished is a fine piece of work. Fit, articulation, appearance—all perfect. But to *your patient*, it is still a huge, hard, foreign mass, fraught with dangers of real and imaginary difficulties.

The patient must gain confidence in his ability to wear the denture—and this must come quickly—or all too often, the finest denture ends up unused in a bureau drawer and is unfortunately no compliment to the dentist who made it.

In many leading dental schools and colleges, where teaching of high prosthetic techniques goes hand in hand with instilling in the student a sincere concern for the patient's point of view, you will find Dr. Wernet's Powder a trusted chairside companion.

These students and thousands of leaders in the profession, know the value of Dr. Wernet's Powder in getting patients off to a right start—in providing a shock-absorbing cushion, in lessening irritation, and in speeding denture mastery.

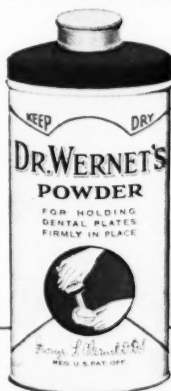
## WHY DR. WERNET'S?

See impartial laboratory tests with competitive brands. DR. WERNET'S is:

100% *Whiter!* This means less foreign matter, less dirt, no dark staining mass on patients' plates!

10% *more Viscous* . . . Just the quantity needed for security, greater shock-absorbing quality!

5% *more Absorbent* . . . Greater denture-control than bulky, solid powders.



For almost thirty years, DR. WERNET'S Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed. It is not advertised to the public because we believe that only a dentist is qualified to recommend its use, thereby exercise greater "patient-control".

SEND FOR YOUR FREE SUPPLY! Mail your card or letterhead to Wernet Dental Manufacturing Company, Dept. A, 190 Baldwin Avenue, Jersey City, N. J.

**DR. WERNET'S POWDER**  
COMPLETES YOUR DENTURE SERVICE

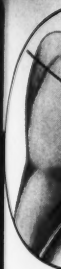


*No burning...* Now you can take really accurate impressions without fear of burning a patient's mouth. With the new Perfectocoll Heat-Meter unit you don't guess at the temperature—but get an accurate reading before the material is placed in the patient's mouth.

The new larger units of the improved Perfectocoll are easier for you to handle too. Merely immerse it in-boiling water for seven minutes—knead it in its own latex container—check the temperature with the Baker “Heat-Meter” and extrude into tray for the impression. You’ll find it the most rubbery yet the strongest colloidal impression material you’ve ever used.



BAKER & CO., INC. • 113 ASTOR STREET • NEWARK, N. J.

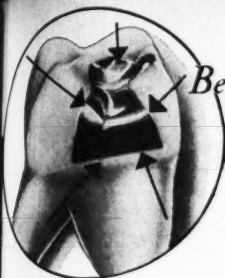


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lasts longer  
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the cavity



*Because here's where decay recurs...*

## THIS IS THE WAY TO A LASTING SEAL!

AS HAS ALREADY been shown, in the preceding discussion, a dental restoration must do more than merely fill a cavity. It must hermetically seal the cavity, so that neither moisture nor microbes can enter between the restoration and the natural part of the tooth.

*How, then, is this seal to be formed?* There is available a material (dental cement) for doing that chemically, but it is vitally deficient. It is soluble and friable, and so is incapable of permanent, lasting service.

► Fortunately, the dentin of a tooth is capable of forming a *mechanical* seal with any material that can be worked against it.

The dentin, as demonstrated by G. V. Black, is a highly elastic substance. If compressed by the forcible condensation of a restorative material against its walls, it tends to spring back when the pressure ceases; and in so doing it *firmly grips* the less elastic mass, forming a *tight, leakproof union*, impervious to moisture and to microbes.

Thus the better a material can be packed against the dentin, the more nearly perfect will be the resultant seal.

► But even a perfect seal is not necessarily a *lasting* seal. The thermal variations going on in the mouth (from hot and cold food and drink) cause the teeth to expand and contract. If the ratio of expansion, and contraction, of a restoration is appreciably different from that of the tooth itself, it is only a matter of time, of course, before the original adaptation will become appreciably altered and the seal impaired. A lasting seal is thus possible only when the coefficient of expansion of the restoration closely approaches that of the tooth itself.

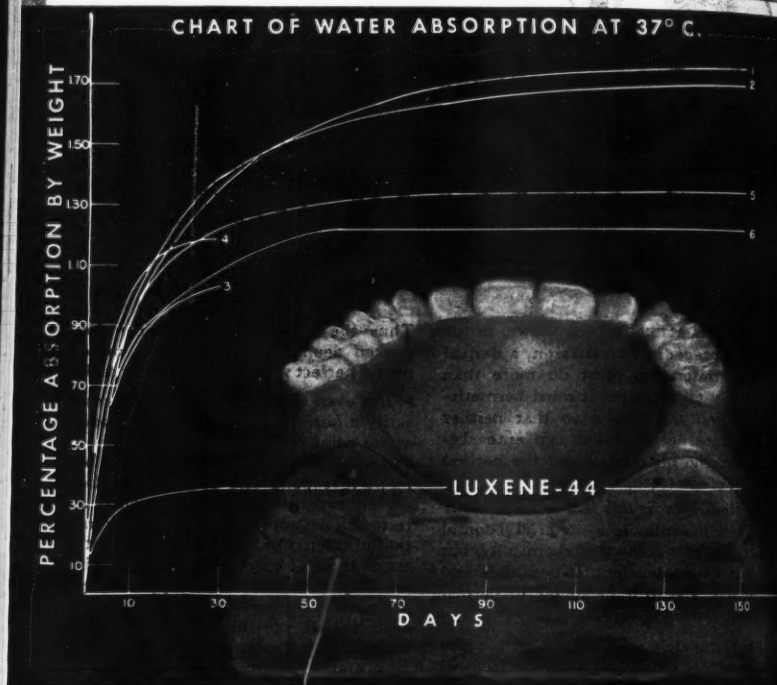
How the various restorative materials in present use compare in this most essential requisite, will be considered in subsequent discussions. *Be sure to read them.* We believe you will find them of interest and value.

**MORGAN, HASTINGS & CO., 817-21 Filbert Street, Philadelphia, Pa.**—World's Oldest and Largest Manufacturers of Filling Golds exclusively. Established 1820.

**GOLD FOIL**  
lasts longest  
because it seals  
the cavity best!

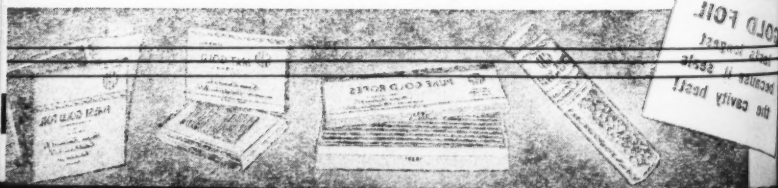


# FORM THAT



**STABILITY OF FORM** in synthetic resins is in direct ratio to their moisture absorption factors. Denture resins swell as they absorb moisture, and shrink proportionately when dried out or when rebasing is required.

The graph above illustrates the amount of water absorbed by "LUXENE-44" versus other materials, at mouth temperature. If you run these tests for yourself, be sure to allow the specimens to remain in water at 98.6 degrees Fahrenheit for five to six months.



# HAS STABLE

**A**FTER you have made a few cases of "LUXENE 44" you, too, will find that it is years ahead of anything else now in use. It is twice as strong as other denture materials. Also twice as tough. It reproduces with greater accuracy. More important still, "LUXENE 44" is *more stable*, both in and out of the mouth.

Therein is your best assurance of enthusiastic patient satisfaction.

"LUXENE 44" has an extremely low moisture absorption.—about 0.3 of 1%. This, in fact, is so low that "LUXENE 44" shows no swelling after having been kept in water at mouth temperature for months at a time, unaffected by alcohol, weak acids and alkalis. Possessing a marked ability to retain its original dimensions after cure, "LUXENE 44" will not loosen!

Here, you will agree, is form that is stable!

Why not give "LUXENE 44" a trial? Why not make a few cases of "LUXENE 44" and then compare these with cases you have made in other materials? The results will speak for themselves!

## SELECTED LABORATORIES TO SERVE YOU BEST!

Although "LUXENE 44" leads in all essential qualities, this alone is not enough to give you a superior denture. Expert craftsmanship is necessary. Accordingly, "LUXENE 44" is available through selected laboratories who have been thoroughly trained in "LUXENE 44" technic and



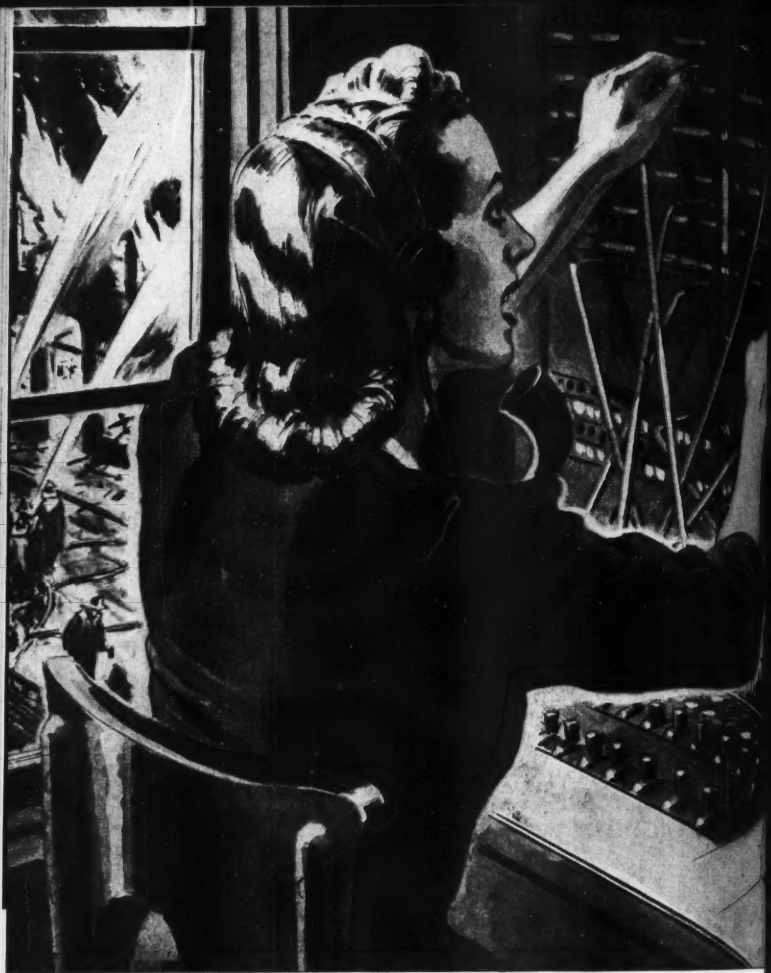
properly equipped to process "LUXENE 44" dentures to meet your most exacting standards. Ask us for the names of "LUXENE 44" laboratories nearest to you.

If you make your own cases and would like to have a demonstration, please get in touch with us.

LUXENE, INC. • 118 EAST 25<sup>TH</sup> STREET, NEW YORK, N.Y.

# LUXENE 44

TRADE MARK REG. U.S. PAT. OFF.



**COOK LABORATORIES, INC.**  
**THE ANTIDOLOR MFG. COMPANY, INC.**  
170 Varick Street, New York, N. Y.  
*Laboratories: Rensselaer and Springville, N. Y.*

**NOVOCAIN with COBEFRIN**

**NOVOCAIN - PONTOCAINE**



# Heroic in an emergency

*but watch her flinch at dental pain*

## HELP SUCH PATIENTS BY PREVENTING PAIN THROUGH MORE OPERATIONS

**W**HEN natural courage changes to fear in the chair, simple operations become unduly prolonged—nerve-wracking to the patient, disrupting to appointment schedules. Avoid these common results of fear of pain through the more general use of Novocain with Cobefrin Regular—or the new Waite formula containing Pontocaine for more intense, extended anesthesia.

If you are not already using one of these well-tolerated anesthetic solutions, let either or both demonstrate their double acceptability through their many advantages for you and for the patient.

Samples on request—or, send us box covers from 200 cartridges or ampoules to obtain *free*, illustrated manual of injection technique.



IN COBEFRIN

*Over one hundred million injections  
made with solutions containing Cobefrin*

# The Magic Crystal

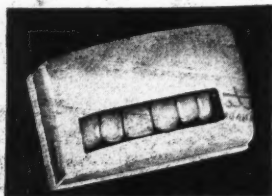


Mrs. \_\_\_\_\_ it is possible because the teeth I tried in your mouth are the *actual teeth* that I shall use in making your denture;—more than that, they are set up exactly as they will be in your finished denture. This can be done because of several wonderful developments by Dr. Myerson, a well-known Boston dentist—first, in the creation of natural looking teeth and then in this remarkable method of presentation.

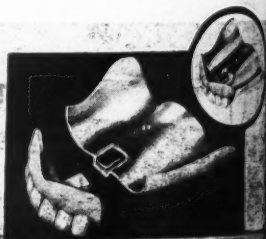
To explain, in 1935, Dr. Myerson created a tooth he named "True-Blend" because, for the first time it blended all of the effects of natural teeth—represented a "True-Blend" of transparency, natural bluish incisal areas, erosions, and even fluorescence in a wonderful life-like manner.



For extra-oral visualization, and for comparison with natural teeth before extraction, Dr. Myerson has created the complexion mask. They are made in *five colors*. Each one forms the correct color contrast for two Myerson tooth colors. Example A is a dark (brunette) flesh color. It is to be used with Colors A and B of Myerson teeth. G is a light blond flesh color to be used with True-Blend or Characterized G and H. New Possibilities of Visualization, indeed!



To try this set in the mouth, I select a set from the beautiful assortment; attach it to this special impression tray. The tab on the trial mount slides easily into the receiving box and is firmly held by a spring. A combination Tooth Mount and impression tray is formed.



IDEAL TOOTH INCORPORATED

# —that shows the future denture to the anxious patient in the New Myerson Way



"Doctor", she said, "I am certainly delighted and I am greatly relieved. But will the future denture look *exactly* like these teeth that you have placed in my mouth and which I am now looking at in this mirror? Why, this is my first visit! I only came here ten minutes ago. How is it possible?"

Further developments in Dr. Myerson's teeth were made and he next introduced a tooth which had the qualities of "True-Blend" plus individualized simulation of synthetic fillings and a new wonderful surface quality—"Characterized". Not even X-rays can detect these teeth. The fillings are subtly wrought; they are a splendid addition to Dr. Myerson's "True-Blend". As many of each type of tooth may be used as desired.



How may the patient know that the future denture will be an artistic duplication of nature? Now, such anxiety is dispelled. Dr. Myerson created the new trial mount; every set of teeth leaves the factory *waxed into* these acrylic-like trial mounts. They can be tried immediately in the mouth, the position of the teeth adjusted or teeth removed and replaced, using teeth with synthetic duplications exactly as required.



With a very *thin* "low-heat" white compound used over the combination tray, the teeth and tray set in position just like any ordinary compound impression. It's very simple and with a close fitting it is not at all uncomfortable for the patient. (I use as little compound as possible.)

Now my patient can hold the impression in place very easily and we can both examine the teeth carefully. I can make any correction or substitution of the teeth I desire. How perfectly one can satisfy the patient! What assurance against remaking or resetting! More than that, I can take a permanent impression immediately. I just use a plaster, wash or any of the rebase impression materials.



CAMBRIDGE, MASSACHUSETTS

JUSTI *presents*

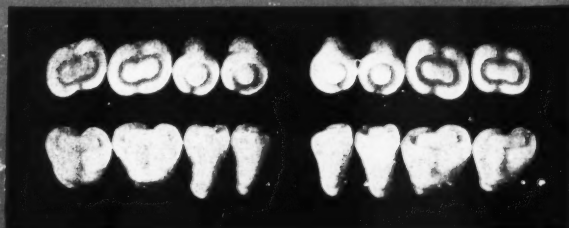
# LaDue-Saffir TABLE POSTERIORIS



Through an entirely new and scientific principle of tooth design, these practical posteriors provide an increased masticating efficiency and greater comfort for denture wearers.

Geometrically cusplless, their occlusal surface is substantially a flat plane with an annular canal encircling a central triturating table with spillways cut through marginal walls. This construction assures a reduction and uniform distribution of stress, proper balance at all times. Not only are the chewing and manipulation of food made much easier, but the arduousness of "getting used to dentures" is materially obviated. LaDue-Saffir teeth are easier to set correctly, require less grinding and adjusting. For patient and dentist alike, they are better.

An illustrated booklet explaining the Structure and Function of LaDue-Saffir Table Posteriors will be mailed on request. The teeth are available, through your dealer, in Vita-lux shades 4, 6, 8, 10 and 14. You will appreciate the fact that the price is NO HIGHER than ordinary posteriors.



PATENTED MAR. 26, 1940 2,195,370

H. D. JUSTI & SON, INC.

*The Oldest Manufacturer of Porcelain Teeth in America*

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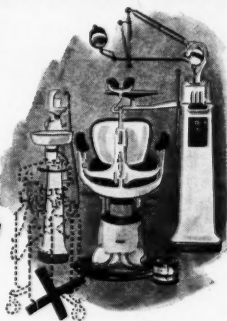
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# For a Profitable Investment

"We can better our economic life—by investing in our own business over which we have control. It is difficult to understand why a dentist will buy stock in a corporation over which he has no control or influence. The same amount of money ploughed back into his own business in the way of new equipment would increase his productiveness and therefore his income."\*



AN investment that eliminates fear and dread of dental treatment and makes it easy for people to buy your services, can readily be translated into additional income. Ohio and Heidbrink Nitrous Oxid equip-

ment is such an investment. Dentists who use these machines have experienced more active appointment books, fewer broken appointments and more one-time emergency cases turned into regular patients.

If a Heidbrink Simplex increases your net income by only \$10.00 per month, it will be paying 32% return per year on your investment. Where can you equal that in stocks or bonds? On the basis of the same nominal increase in monthly income, an Ohio Analgesor or a Heidbrink Airator will more than pay for itself in less than a year. A convenient budget purchase plan makes it easy to buy.

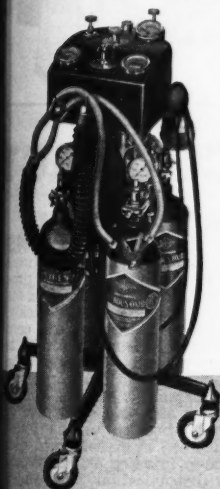
If you are confronted with the problem of increasing your income, investigate the money-earning ability of Nitrous Oxid Anesthesia and Analgesia. After you investigate excellence of equipment—simple operating procedure—money-earning abilities, you are sure to decide on an Ohio or Heidbrink machine as your next office investment. Get complete information—fill in the coupon.

Read "A Simple Story that is Making Dental History."

It tells what Nitrous Oxide Analgesia will do for you.

Send for your copy today.

\*Extracted from ORAL HYGIENE, August, 1940



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PIONEERS AND SPECIALISTS IN ANESTHETICS  
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THE OHIO CHEMICAL & MFG. CO., Cleveland, Ohio

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Use **STERO-OIL** Regularly

It **OILS**-CLEANS-STERILIZES *all* at once

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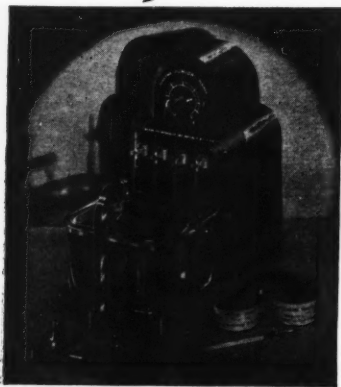
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LUBRICATES • CLEANS • STERILIZES

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AT YOUR  
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## Exceptional ACCURACY



Hanau Jr. Electro-Forming Unit for Inlay and Jacket Crown models... operates directly from your office current—no special wiring. Price, complete \$27.50 at your dealers. Write for Free Catalog.

### FOR YOUR INLAYS AND JACKET CROWNS

It's the newest technique for producing accurate metal models for inlays and jacket crowns quickly, easily and for a fraction of a cent each! Hanau *Electro-Forming* is a simple proven operation: The electrolytic deposition of copper on your impression. The resultant die is exact to size—no shrinkage or expansion—precise to the finest detail. These electro-formed dies have sharp, hard edges that do not chip or distort when you burnish or swage. Will not contaminate the gold.

You will save time and cut die costs to a minimum with Hanau *Electro-Forming* Equipment. But more important—your inlays and jacket crowns will fit with exceptional precision.

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# ENAMELTONE<sup>Plastic</sup>

## Tooth Restorations

● Daily gaining momentum in general usage . . . dentists are beginning to realize the tremendous advantage of being able to easily process their own cases of lost tooth structure.

● No expensive equipment necessary . . . just the attractive cabinet illustrated. The technique is simpler, speedier and more accurate than any other known process.



Above illustrations showing a few practical applications of ENAMELTONE plastic in restorative Dentistry.

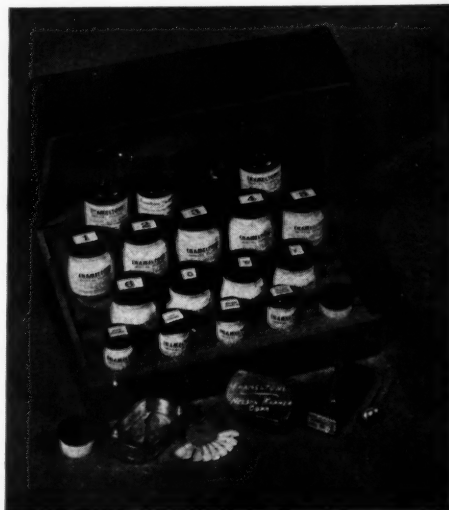
COMPLETE UNIT includes  
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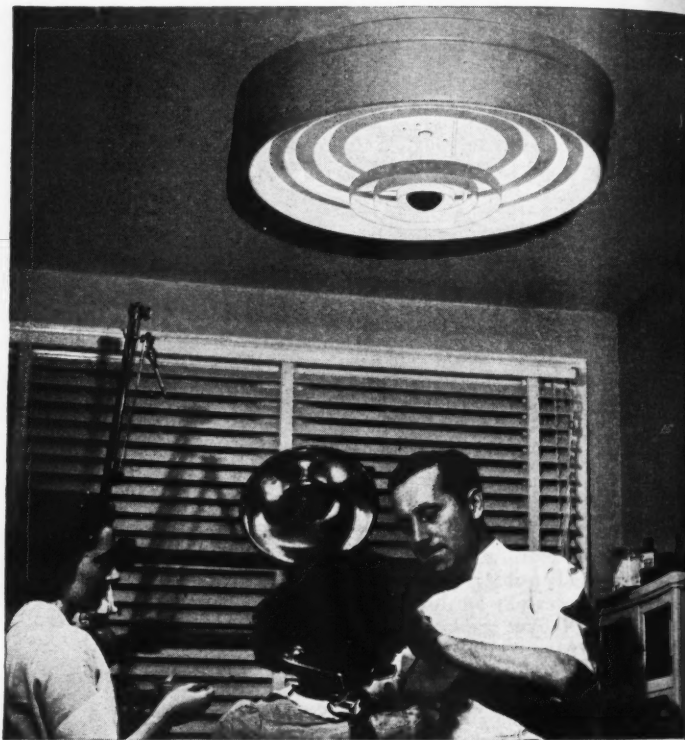


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THESE EASTMAN X-RAY MATERIALS include every item essential to efficient dental radiography . . . in types and sizes that fit every situation, satisfy personal preference. And each product is designed to complement the others with which it is employed.

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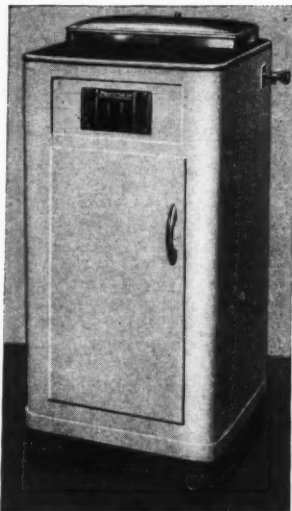
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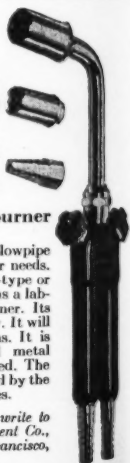
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This 3A model National blowpipe is adaptable to all of your needs. It can be used as a hand-type or bench-type blowpipe, or as a laboratory Bunsen-type burner. Its flame is strong and steady. It will burn any type of fuel gas. It is sturdily constructed. All metal parts are chromium plated. The handle is *Koolite*, approved by the Underwriters' Laboratories.

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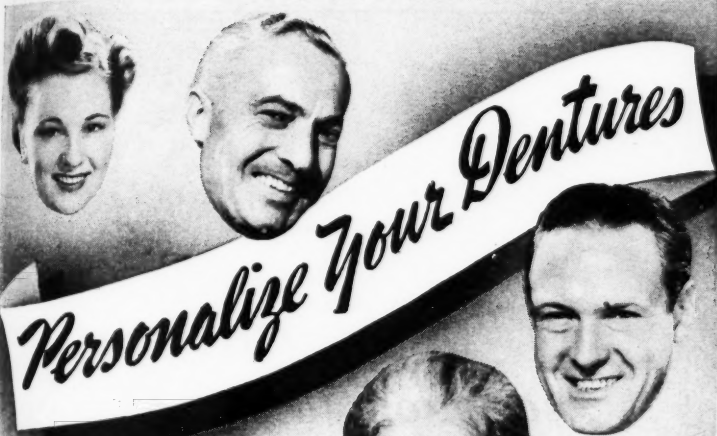
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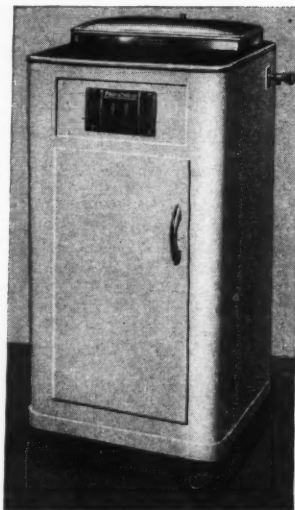
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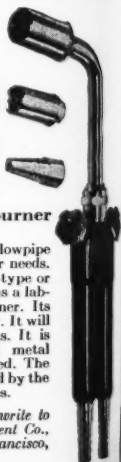
Set on the bench

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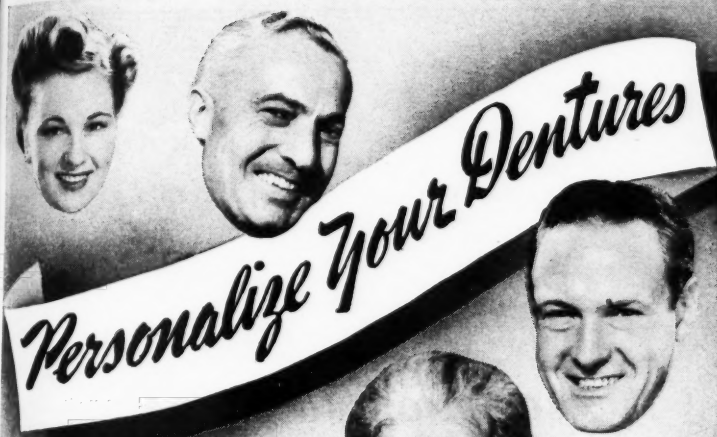
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If you are investigating dental x-ray equipment, you know that the initial price of CDX X-Ray Unit is somewhat higher than almost any other; but if you have owned an x-ray unit or questioned owners you know, too, that the real cost of an x-ray machine may be expressed by a formula: cost equals initial price plus probable repairs minus probable trade-in value.

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Please send me—without obligation—a copy of the CDX catalog and information about the CDX convenient payment plan.

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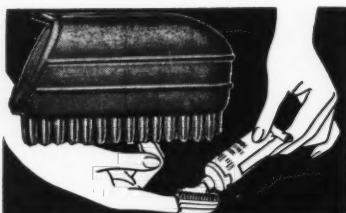
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The HY-KARE Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

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Masel 14K Gold Anchors do not oxidize in vulcanite and improve the appearance of restorations when used in the various acrylics available today.

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Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 86 years of successful engineering experience and are precision built in every detail.

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Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

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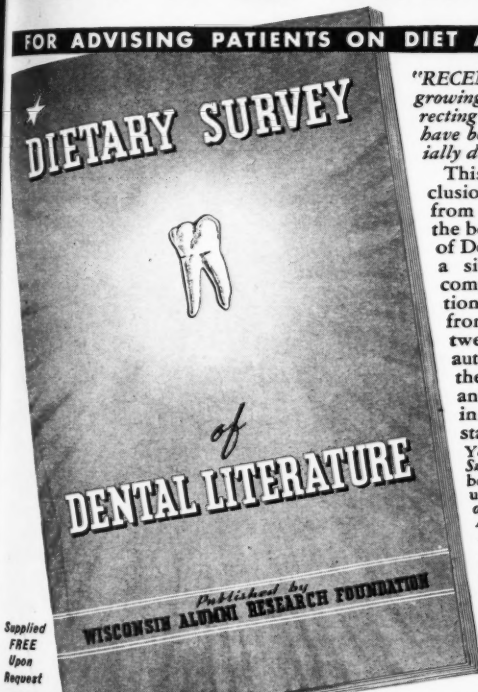
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Cocomalt; Sunshine, and Johnston Graham Crackers—good sources.

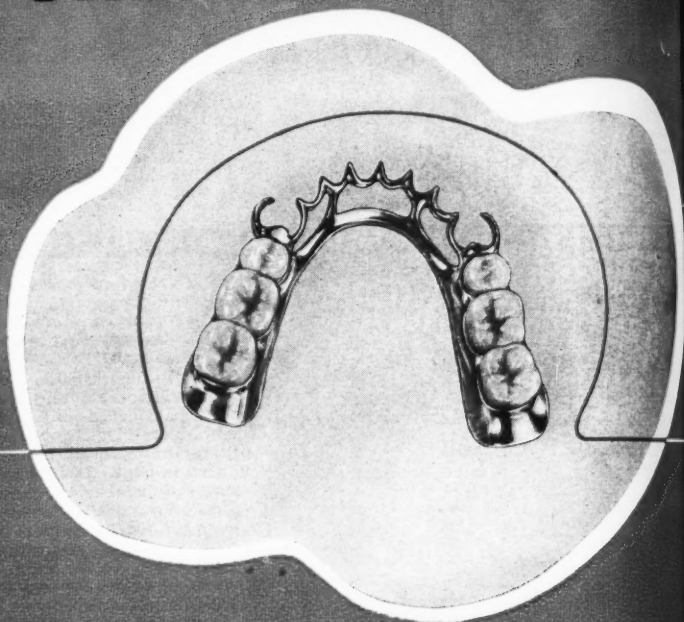
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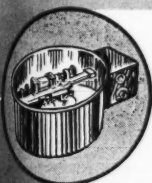


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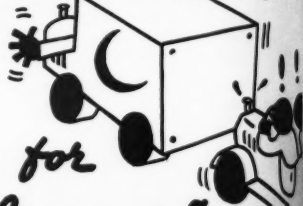
... for its soothing effect on inflamed or irritated mucous membranes.

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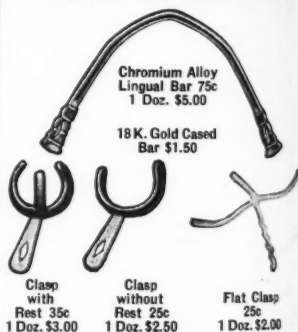


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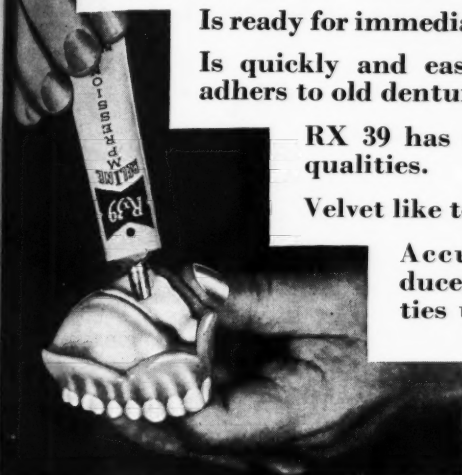
Is quickly and easily applied and adheres to old denture surface.

RX 39 has smooth flowing qualities.

Velvet like texture.

Accurately reproduces all irregularities under dentures.

Its cushion-like effect is kind to hyper-sensitive tissues.



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RX 39 RELINE is indispensable in use with IMMEDIATE INSERTIONS.

Keeps the dentures firmly on the ridges during absorption.

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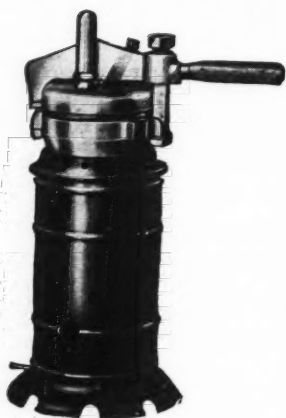
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Crossbar Vulcanizer—  
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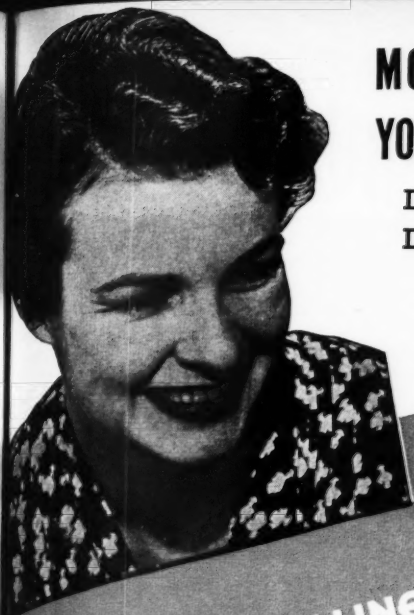
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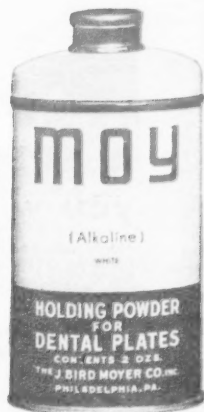
# MORE COMFORT FOR YOUR DENTURE PATIENTS

DURING ADAPTATION  
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### NEW WHITE ALKALINE HOLDING POWDER



During the "breaking-in" period particularly, your patients will appreciate this new white alkaline denture powder developed by the J. Bird Moyer Company after months of scientific research.

MOY holds dentures **TIGHTER**—for from four to twelve hours longer. Its U.S.P. peppermint flavor helps reduce gagging and nausea. Alkaline, to soothe burning, aching gums and to relieve sore spots due to hyper-acidity. Provides a safeguard against acid mouth and offensive breath.

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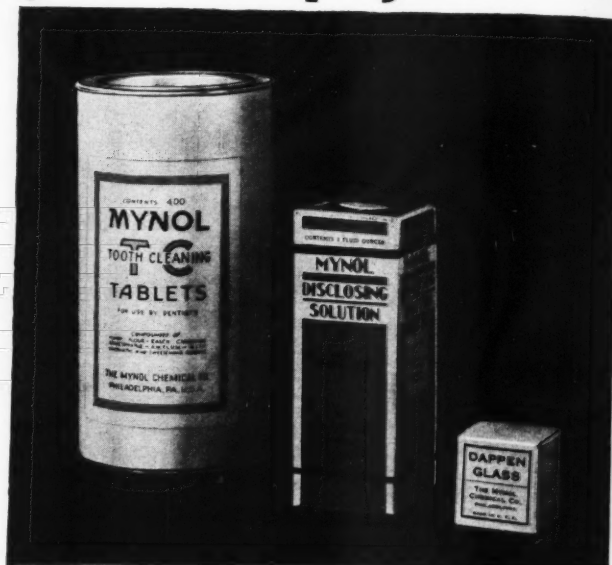
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(2) 1938. C.

(3) 1923. C.

(4) 1928. C.

(5) 1928. C.

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## ADVANCES IN CANNING TECHNOLOGY

### III. Modern Heat Processes for Canned Foods

"This new method of preserving . . . proceeds from the simple principle of applying heat . . . in a due degree to the several substances after having deprived them as much as possible of all contact with the external air." (1)

In this concise manner, Nicholas Appert, discoverer of canning, summed up the salient features of his procedure. Appert's method consisted of sealing prepared foods in wide mouth glass bottles with corks and processing the sealed bottles in a bath of boiling water. The first English edition of his book (1) describes Appert's procedures for some fifty products. While the times of his heat processes varied between products, the temperatures of the processes were uniformly that of boiling water.

After the spread of commercial canning to America, early canners soon found that spoilage frequently resulted when Appert's heat processes were employed. Increasing the time of process at 212°F. alleviated but did not entirely control this difficulty. As recently described (2a), attempts were next made to increase the temperature of process, either by the addition of soluble salts to raise the boiling point of water, or by the use of the autoclave which permitted processing under steam pressure at temperatures above 212°F. About 1874, an improved type of autoclave was invented in the United States and gradually came into general use for certain types of products. While this device reduced spoilage considerably, losses still occasionally resulted due to inadequate heat processing.

Between 1895 and 1900, the new-born science of bacteriology was first applied

to the canning industry. These early discoveries are well described elsewhere (2, 3); important among the findings was the fact that for products most favorable for growth of spoilage organisms, there is a minimum time of process which must be applied at a given temperature for a given can size, if preservation of the food is to be assured. The need for standardization of heat processes was thus clearly indicated.

During the past twenty years, the heat processing of canned foods has truly been placed on a sound scientific basis (4, 2b). The natural acidity of the food now determines the process temperature to be used. Foods with pH values below 4.5 may be safely processed at 212°F. or below; the "non-acid" foods with pH values above 4.5 require elevated process temperatures, 240°F. being the temperature most widely employed.

Today, adequate heat processes for non-acid foods are mathematically calculated using data which take into consideration all factors influencing the sterilizing value of a process. Processes thus calculated are thoroughly tested before being incorporated into bulletins of recommended processes which modern canners follow (5).

This establishment of adequate heat processes—particularly for the non-acid foods—is one of the greatest advances in canning technology made in the history of the industry. Today, it is apparent that the success of many of Appert's heat processes was due to fortuitous circumstances. The modern consumer, however, has the assurance that commercially canned foods are among the most wholesome foods reaching his table.

**AMERICAN CAN COMPANY, 230 Park Avenue, New York, N. Y.**

#### REFERENCES

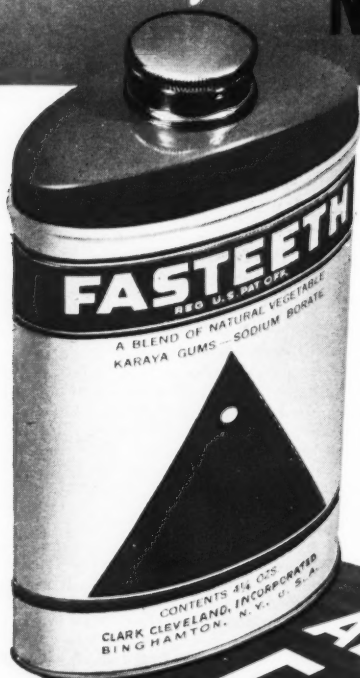
- (1) 1811. Art of Preserving. N. Appert. Black, Parry and Kingsbury, London.
- (2a) 1938. C. O. Ball Food Research, 3, 13.
- (2b) 1923. C. O. Ball National Research Council, Bulletin No. 57.
- (3) 1928. C. O. Ball Univ. of Calif. Publications in Public Health 7, 15.
- (4) 1957. Appertizing, A. W. Bitting. The Trade Pressroom, San Francisco.
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- (5) 1939. National Canners Assoc., Bulletin 26-L, Fourth Edition.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

We want to make this series valuable to you, so we ask your help. Tell us in a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-ninth in a series which summarizes, for your convenience, the conclusions of our canned foods research by authorities in nutritional research.

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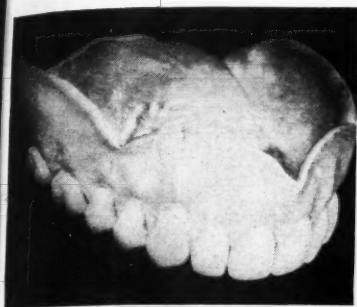


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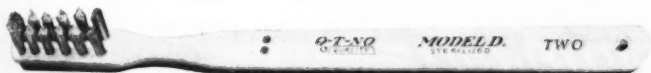
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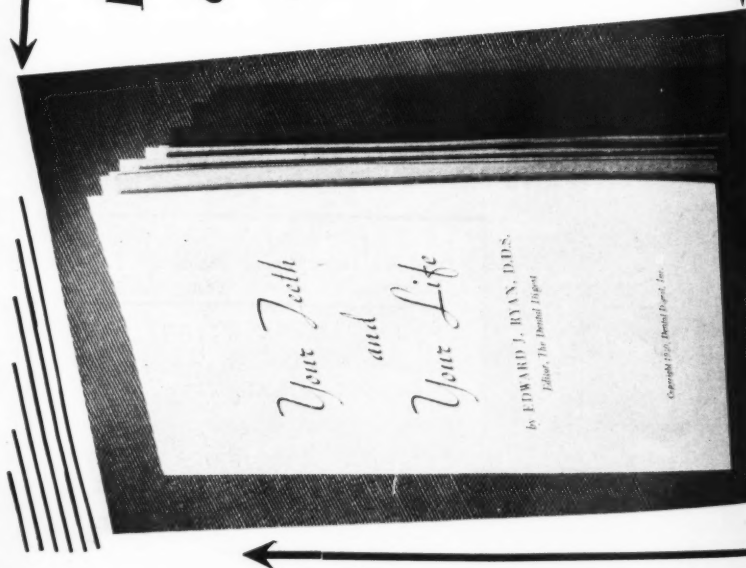
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*In this day and age when patients need to be shown the value of proper dental care, and the dangers of neglect. The new booklet YOUR TEETH AND YOUR LIFE is proving to be the ideal booklet for patient distribution. It is written in lay language and illustrated adequately with nine charts printed in two colors. The charts in themselves tell the essential story.*

in this day and age when patients need to be shown the value of proper dental care, and the dangers of neglect. The new booklet **YOUR TEETH AND YOUR LIFE** is proving to be the ideal booklet for patient distribution. It is written in lay language and illustrated adequately with nine charts printed in two colors. The charts in themselves tell the essential story.

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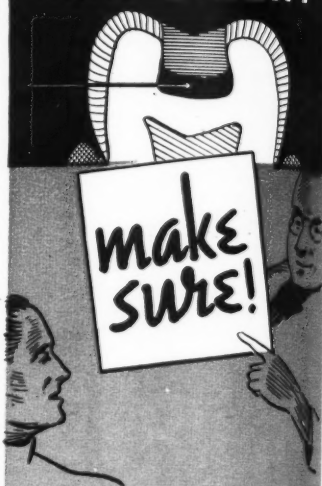
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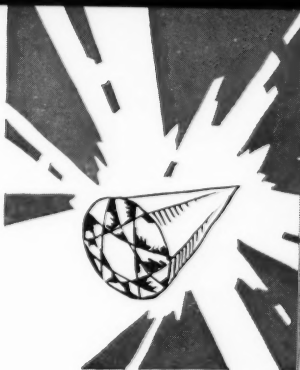
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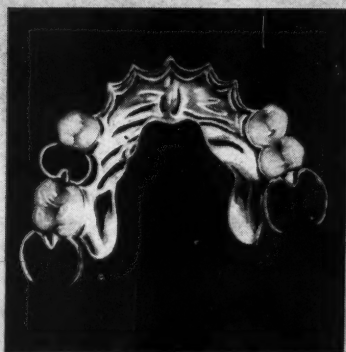
5. Wet finger in warm water, smooth out material, insert immediately into mouth and take impression.

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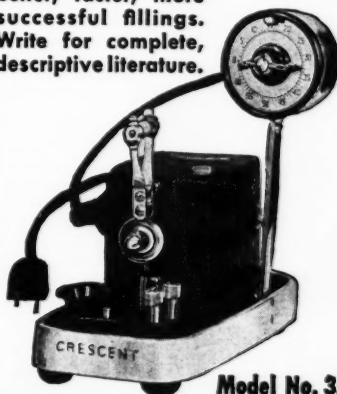
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**\$2.10** Sanforized Shrunken White Manco Linene 3 for \$6.00

**MANHATTAN MFG. CO., CHICAGO**  
509 So. Wabash Ave.

**VALUE UP TO  
\$2.20 FREE**  
with **YOUNG'S SENSATIONAL  
TRIAL POLISHER DEALS**  
ASK  
**YOUR  
SALESMAN**  
YOUNG DENTAL MFG. CO., St. Louis, Mo.

If you do your own Orthodontia



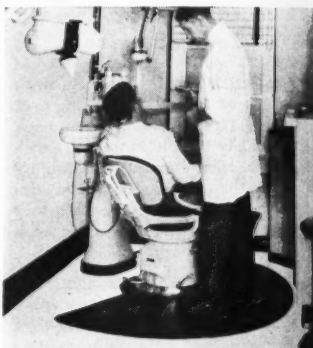
2000 to 4000 rubber lig.—any two sizes \$1.00  
100 ft. No. 3 silk (grassline) . . . . . \$1.00  
300 ft. No. .010 stainless wire lig. . . . . \$1.00

Direct or through your dealer

**O'Spro**

Vogue Building, Wells at Van Buren  
Chicago, Illinois.  
Write for samples and literature

**Karpex DENTAL  
MATS.**



### THE LEADER FOR MANY YEARS

The name Karpex today—as in the past—means the best, at the lowest price, in dental mats. Call on your dental supply house for prices and beautiful color combination samples from which to choose.

**KARPEX MFG. CO. — INDIANAPOLIS, IND.**

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That's wh  
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techniques.  
Squibb Or  
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or in solutio  
dicated.  
Squibb De  
cleansing, a  
routine use.  
Squibb An  
fire gargle  
Used as a  
large mouth

\* For literature  
address the De

Interested personal service is appreciated by your patients because they realize their knowledge of oral hygiene is meager. That's why they often seek advice concerning the dentifrice, toothbrush or mouthwash to use.

In the mind of both the public and the profession, certain names suggest high quality and reliability. "Squibb" is one such name—and here are some products bearing the Squibb label which are especially valuable for dental use.

**Squibb Dental Cream**—A safe, effective dentifrice. Free from any ingredient harmful to the teeth, the mucous membranes of the mouth or even to the stomach if swallowed. Ideal for children. Contains Squibb Milk of Magnesia—a safe, effective antacid. Leaves the mouth feeling clean and refreshed.

**Squibb Tooth Powder**—For those who prefer powder. It is just as effective as Squibb Dental Cream and just as enjoyable to use.

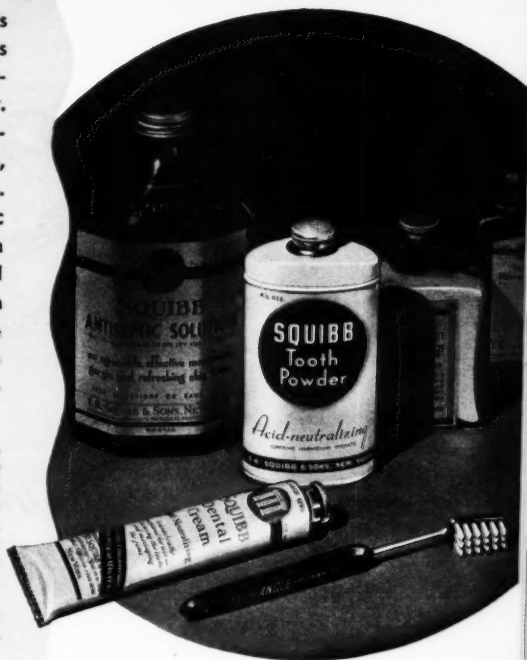
**Squibb Angle Toothbrush**—Bent at the same angle as your dental mirror to make it easier to brush the less accessible surfaces of the teeth. Has three rows of high-quality bristles—six tufts to a row. Two degrees of stiffness—hard and medium. Suited to mouths of all types and adaptable to all brushing techniques.

**Squibb Oral Perborate**—A pleasant, palatable and free-flowing sodium perborate powder for use on the toothbrush, or in solution as a mouthwash when indicated.

**Squibb Dental Lotion**—A refreshing, cleansing, anise-flavored mouthwash for routine use. Mildly astringent.

**Squibb Antiseptic Solution**—An effective gargle and aid to oral hygiene. Used as a gargle or spray it helps relieve mouth and throat irritations.

\* For literature on Squibb Products for the Dentist, address the Dental Division, 745 Fifth Ave., New York.

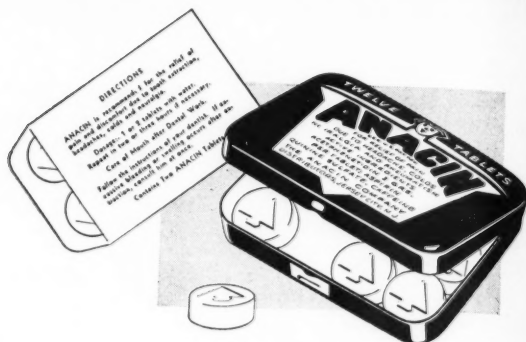


# "Patients" BECOME "Friends"

when you suggest

## SQUIBB DENTAL PRODUCT

**E. R. SQUIBB & SONS, NEW YORK**  
MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858



*After the extraction  
...when the anaesthetic wears off*

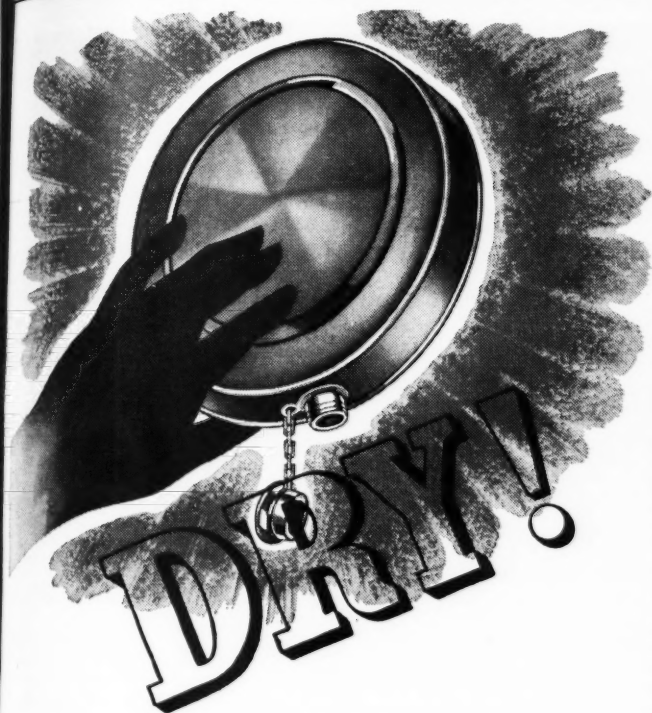
# ANACIN

**AIDS IN RELIEVING DENTAL PAIN**

ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis.

Free Anacin sample service to all dentists on request.

THE ANACIN COMPANY . JERSEY CITY, NEW JERSEY



**K**OLYNOS DENTAL CREAM is specially recommended for use on a dry brush. The advantages of using a dry brush are two-fold; the stiffer bristles make possible a more efficient removal of food debris, and the cream, when undiluted by the addition of water, intensifies the cleansing action. Normal salivation is sufficient to convert Kolynos into a creamy foam that cleans and polishes the teeth without harmful abrasions.

Have you tried Kolynos using this dry brush technique? We believe you will find it a pleasant and efficient aid in cleansing the teeth.

Samples for your personal and professional use will be gladly sent upon request.

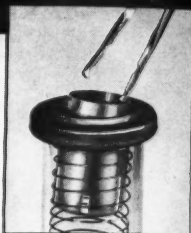
**THE KOLYNOS COMPANY • NEW HAVEN, CONNECTICUT**



## BARD-PARKER STERILE TRANSFER FORCEPS

for the aseptic transportation of  
sterile instruments and supplies to  
the operative field

*Assures no break in the  
chain of sterility*



### PICKS UP AND HOLDS WITH AMAZING EASE...

Any instrument, from a mil-  
liner's needle to a heavy re-  
tractor or sizeable quantity  
of dry supplies, can be in-  
stantly picked up and firmly  
held by the jaws which are  
irregularly serrated trans-  
versely.



### ACCIDENTAL CONTAMINA- TION IMPOSSIBLE...

As the Forceps is withdrawn, the  
sterile bucket rises by depend-  
able coil spring action, to escort  
the jaws of the Forceps to a dis-  
tance of 1 cm. beyond the un-  
sterile lip of the jar proper.

### PRESENTS ECONOMY FEATURES, TOO...

The permanent rubber guard which con-  
stitutes a barrier between the handle and  
sterile legs and jaws, also serves as a cover  
for the jar. Evaporation of the germicide is  
thus effectively reduced to a minimum.

**BARD-PARKER FORMALDEHYDE  
GERMICIDE**  
is strongly recommended  
More rapidly effective  
against both vegetative  
and spore forms of bac-  
teria. Non-corrosive.



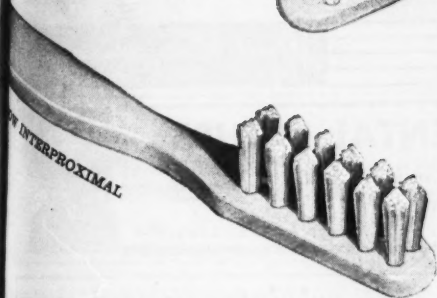
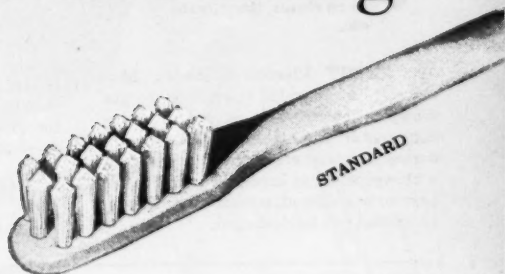
*A Most Economical Medium*

*Ask your dealer*

**PARKER, WHITE & HEYL, INC.**  
Danbury, Connecticut

**A BARD-PARKER PRODUCT**

# ... for scientific massage-brushing!



Takamine toothbrushes are properly designed to facilitate the modern brushing techniques.

The 2-Row Interproximal type is used for the technique favored by Drs. Charters, Stillman-McCall. The standard model is designed to the specifications of Dr. Joseph Head.

In either case, the trimmed tufts of resilient bristles, carefully spaced in the small head, can easily and efficiently cleanse innermost tooth surfaces.

These are the only toothbrushes that can be sterilized repeatedly in boiling water without harming the brush. The use in cases of Trench mouth is therefore particularly important.

## TAKAMINE

**TAKAMINE CORPORATION, 132 Front Street, New York City**

Enclosed remittance to cover my order for.....TAKAMINE Toothbrushes at professional prices as checked below: *Check bleached or unbleached bristles.*

*For your office dispensation Special prices are:*

.....STANDARD at 7c each.

.....2-Row Interproximal at 9c each.

☐ UNBLEACHED BRISTLES

☐ BLEACHED BRISTLES

If you reside in New York City, please add 2% sales tax.

Name .....D.D.S.

**TORIT**

## ELECTRIC SOLDERING MACHINE No. 21

● Ideal for intricate soldering operations—such as on clasps, tangs, rests, etc.



The TORIT Electric Soldering Machine is not intended to replace the gas blowpipe entirely. It is, however, indispensable for numerous delicate soldering jobs that are not easily done with a blowpipe. Heat is concentrated to the part to be soldered, so material adjacent to it need not be damaged.

It is a low-priced fully guaranteed outfit that is praised by technicians everywhere for the quick, neat way it does its work. Available with or without foot switch.

● Ask for Catalog No. 13, showing the TORIT Electric Soldering Machine and over 100 other items that will interest you. ●

*Torit Manufacturing Co.*  
279 WALNUT ST. ST. PAUL, MINN.

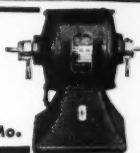
## BALDOR DENTAL LATHES

Complete line—1 and 2 speeds. At right:  $\frac{1}{2}$  h.p. One Speed. Ball-bearing, heavy-duty motor. 1 YEAR GUARANTEE. Price, without chucks .....

**\$25.00**

ASK FOR BULLETIN 76

**BALDOR ELECTRIC CO., 4372 Duncan Ave., St. Louis, Mo.**



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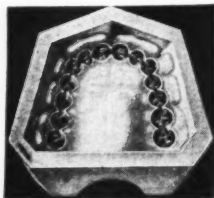
**Look no further for Clark service**

Work fully guaranteed.  
We welcome your inquiries. No obligation for estimates.

**GLAZBROOK BROS. DENTAL SERVICE SHOP**  
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**CLARK EQUIPMENT PARTS**

We will recondition your A.C. Clark equipment at a minimum of cost. We can replace broken or worn parts promptly. No delay.



Upper  
Rubber Mold

## MAKE YOUR OWN MODELS COLUMBIA

**RUBBER DENTOFORM MOLDS** turn out demonstration models as fast as plaster or stone sets. All you want—when you want them. Can be made with Ivorine abutments by inserting Ivorine Teeth into mold before pouring:



Stone Model  
made from upper mold

Price, per set—Cat. No. R20, Upper and Lower Dentoform Molds, \$5.00. Ivorine Teeth, each—50c.

Special Offer—set of Upper and Lower Molds and 28 Ivorine Teeth, \$16.00

**COLUMBIA DENTOFORM CORPORATION, 131 E. 23rd St., New York, N. Y.**

Have you a copy of our 16-page illustrated price list?

# CONTROL



Will-power can control postoperative pain, too. But the modern dentist neither requires nor expects such fortitude from his patients. Today he has at hand agents developed by research which will do the job as safely and more effectively.

Nembutal and Aspirin Capsules are such an agent, providing the dentist with an excellent prescription product for the effective control of the pain and resultant mental distress which frequently follow

operative procedures. Each capsule represents a combination of the powerful sedative and antispasmodic effects of Nembutal with the well-known analgesic properties of aspirin.

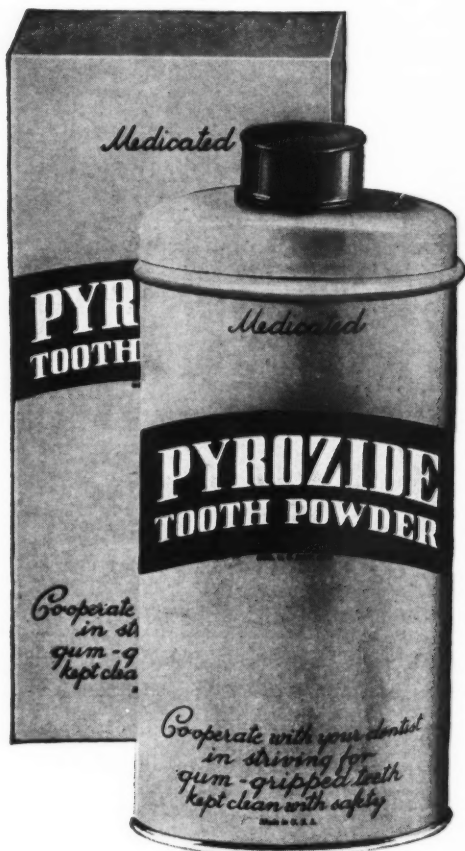
The suggested dosage is one capsule at 6-hour intervals. Each capsule provides Nembutal,  $\frac{1}{2}$ -grain, and acetylsalicylic acid, 5 grains. They are available in bottles of 100 and 500 capsules. Abbott Laboratories, North Chicago, Ill.

## NEMBUTAL\* and ASPIRIN CAPSULES

\*SODIUM ETHYL-(1-METHYL-BUTYL)-BARBITURATE, ABBOTT

# PYROZIDE TOOTH POWDER

For firm, healthy gums and teeth.

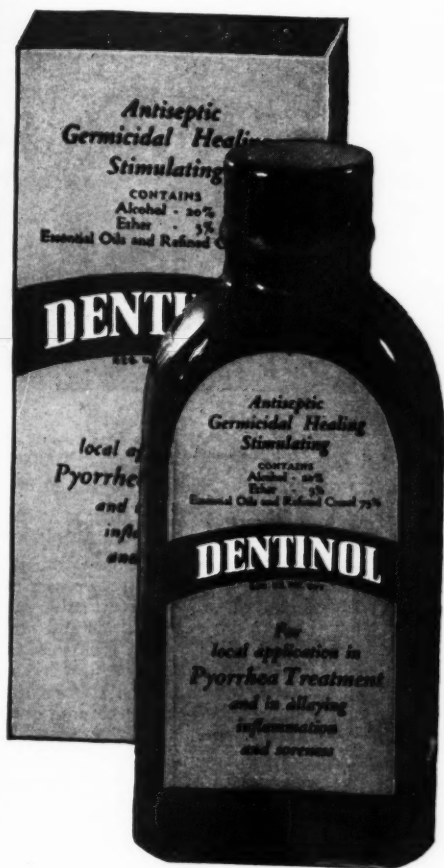


There is no substitute for **PYROZIDE TOOTH POWDER**. Be sure that your patients do not accept any dentifrice with a similar name. Pyrozide Tooth Powder has been manufactured by the **NATIONAL DENTAL CO.** for almost 40 years.

SOLE AGENTS

**Web Distributing Co., 259 South St., Newark, N. J.**

# DENTINOL

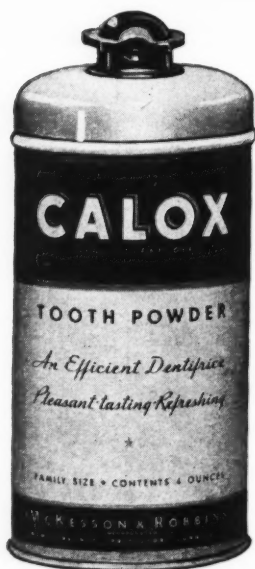
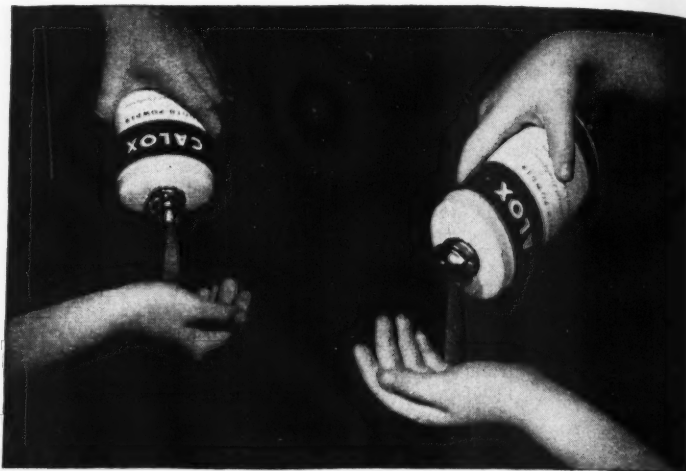


**PROVEN FOR ALMOST 40 YEARS  
BEST TREATMENT WITH INSTRUMENTATION  
FOR PYORRHEA, VINCENTS' ANGINA  
GINGIVITIS AND DRY SOCKETS.**

**DO NOT ACCEPT ANY SUBSTITUTES FOR DENTINOL**

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## *Little Hands* ON THEIR WAY TO **More Lustrous Teeth**

The importance of securing the confidence of young patients can not be over-emphasized. It is during the early formative years that fear of periodic examinations and prophylaxis is overcome. The pleasant flavor of CALOX and its refreshing *foaming* action is particularly attractive to youngsters. Your recommending it can be a factor in developing good habits of oral hygiene.

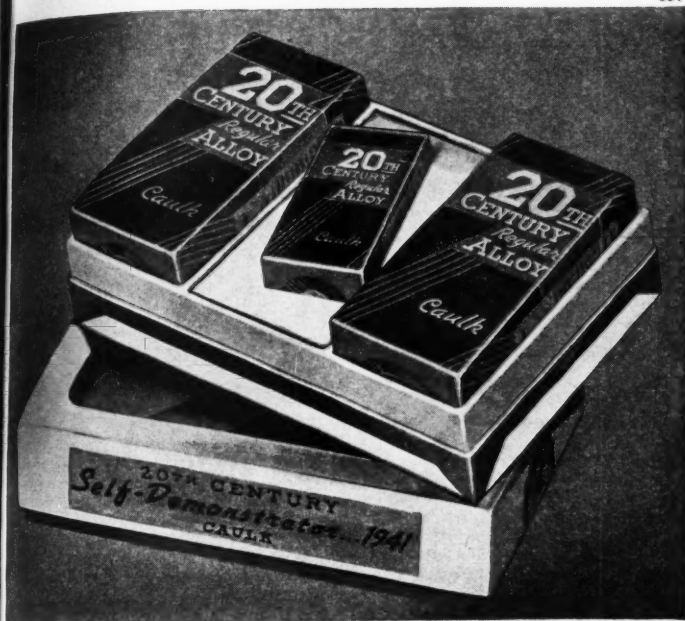
The bland, uniform, finely powdered components of Calox Tooth Powder clean the teeth and help bring out the natural lustre endowed by nature. CALOX is harmless to gum and tooth structure, and its pleasant flavor and refreshing effect tend to promote patient co-operation in the home. Clinically, CALOX exerts a mild alkaline reaction upon contact with saliva. There are no harsh abrasives.

Effective, safe . . . and economical, more and more dentists are using CALOX themselves and suggesting it to their patients.

**Made by McKesson & Robbins, Inc.**

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*Who Have Served the Public Health Since 1833*



## The New SELF-DEMONSTRATOR 1941

A GREAT buy . . . a marvelous value! Priced at only \$17.00, it contains two 5-ounce bottles of 20th Century Alloy—plus a full 1-ounce trial bottle. If, by remote chance, you are not fully satisfied with your trial, the rest of the package may be returned for full credit.

The "Self-Demonstrator 1941" gives you the best possible opportunity to adopt this quality alloy that thousands of dentists are using every day in their practices, with entire satisfaction.

For modern materials  
call on **Caulk**  
MILFORD, DELAWARE

# 20<sup>TH</sup> CENTURY ALLOY

## WHEN EXPERTS AGREE . . . *that's real news!*

Leading dentists and ceramic technicians do agree that TEETS PRECISION INLAY IMPRESSION COMPOUND is just "what the doctor ordered." But we would like to have *your* opinion. So send for a free sample today.

TEETS PRECISION INLAY IMPRESSION COMPOUND is ideal for porcelain inlays, jacket crowns, and gold inlays by the indirect method. No complicated technique required. Try it NOW.

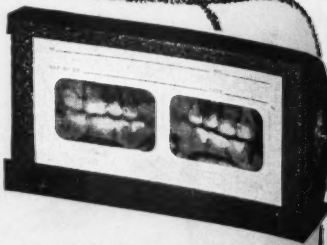
CO-ORAL-ITE DENTAL MANUFACTURING COMPANY, SANTA MONICA, CALIFORNIA

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### Winglite

**Presents Wing Bite X-Rays  
to the Greatest Advantage**

The WINGLITE is an efficient aid to patient education; it helps to inform, remove skepticism, build confidence. Use this means to indicate cavities, the need of plastic linings, restoration of contact points, correction of overhanging margins, treatment for pyorrhea, re-



currence of decay, etc. For rendering better dental service and definitely increasing your income, get a Winglite, today, through your dealer. Price \$6.00.

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*Have You Tried—*

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SEND THIS ADVERTISEMENT  
AND 40c (NO STAMPS) FOR SPE-  
CIAL SLIDE PACKAGE CONTAIN-  
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*Half a bridge  
won't cross a  
river...*

# GARHART ALLOYS

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END TROUBLESOME

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40 Years Of Proven Performance . . . . .

When Next You Buy An Alloy Try Garhart

Garhart Alloys are guaranteed to produce pressure-  
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Eliminate pebble or pitted surfaces.

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Use Garhart Alloys for perfect fillings—enduring  
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ROYAL-  
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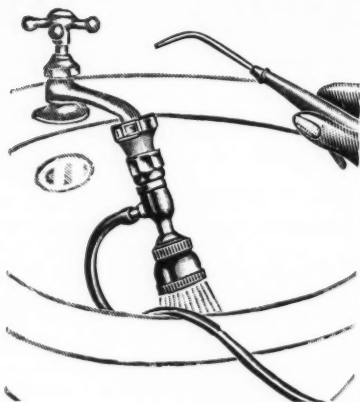
## ROYAL SUPER-FIRST

75% Silver guaranteed. The world's highest percent-  
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Specification No. 1.

Royal-Third	} 1 oz. \$1.80	10 oz. \$16.00
H. S. G. W.		
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ORDER GARHART ALLOYS AT YOUR DEAL

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## The HU-FRIEDY ASPIRATOR

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 12 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U. S. Government.

Sold through dental dealers. Price \$15.00 complete.



**THE HU-FRIEDY MFG. CO.**

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## Ivory Elliott Curved Jaw Separators

Suggestion of Dr. J. E. Argue

### ANTERIOR



The anterior separator has broad wedges and deep curves, with short jaws so that it will follow the alveolar gingiva contour with little discomfort when separating for all anterior approximal surface operations. The arms are short so that the separator can be moved around the anterior teeth.

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The posterior separator has medium width wedges and less curve, with longer jaws to conform to the broad alveolar ridge in the molar region when separating posterior teeth. The arms are longer to reach back to the molars.

The curved jaws that pass between the teeth lowers the body of the separator, giving easier access to the cavity when operating or polishing.

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with short  
the alveolar  
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Especially during these short, cloudy days, you'll appreciate the Pelton E & O Light. . . . Cool, intense, shadowless illumination of your whole operating field—none better. . . . And simply unequalled beam direction. . . . *The whole light head moves easily up or down.*

# Light!

Pelton E & O IS NOT the only good Dental Light. But Pelton E & O IS the only Dental Light whose light source can be raised or lowered to shine **DIRECTLY ON UPPER TEETH FROM BELOW**, as well as down on lowers from above.

So, with Pelton E & O, you work more comfortably, more swiftly. No more laborious bending or peering. And your patient sits always at ease.

The big difference in dental lights today is not in foot-candles, reflector contours, lens or other lighting detail. Instead, that difference is in **FLEXIBILITY OF BEAM DIRECTION**.

Investigate! Ask for our new folder "Light"—from your dealer or from us.

**THE PELTON & CRANE CO., Detroit • Established 1900**



For Wall or Unit  
Installation.... **\$76.00**

(Western Zone \$79.50)

## PELTON E & O DENTAL LIGHT

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STRONG



LIGHT



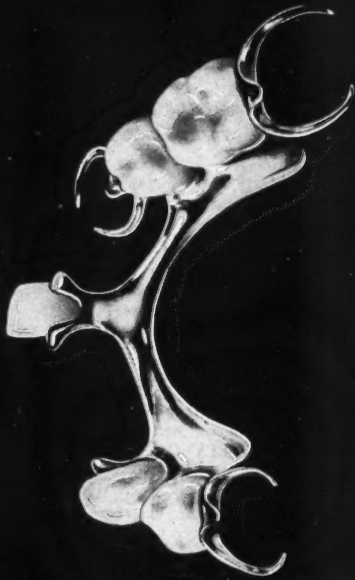
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RESILIENT



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V I T A L I U M

an amazing story of success

## an amazing story of success

Little more than ten years ago, Vitallium was unknown to prosthetic dentistry; yet, because of its unmatched properties for oral use it has revolutionized full and partial dental prosthesis.

Vitallium provides advantages that have not been duplicated by any other metal, because it is the only true Cobalt-Chromium alloy for prosthetic use. It is strong and light in weight, comfortable in

oral service. It is impervious to tastes and odors, immune to mouth secretions. It is beautiful, lustrous, inconspicuous. No Vitallium case on record has dulled, tarnished or corroded in the mouth. It can be processed exactly. It can be readily rebased, repaired and added to.

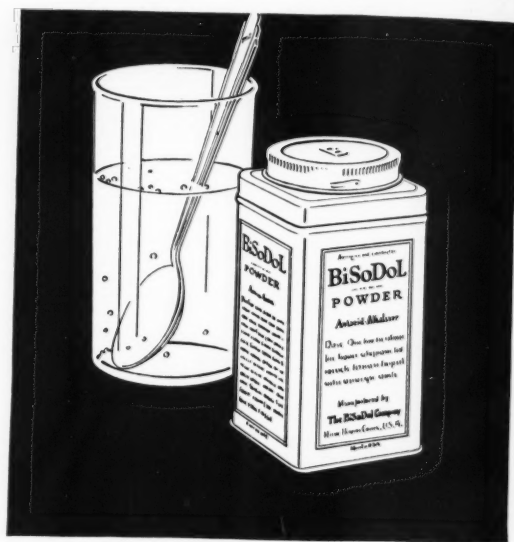
In bone surgery, Vitallium is compatible with human tissue and resistant to the attacks of body fluids, the most inert and

neutral metal that has been used in the human body to date. In any impartial evaluation of dentistry's achievements during the past decade, Vitallium warrants a position of eminence.

**AUSTENAL LABORATORIES, INC.**  
NEW YORK CHICAGO



**YOU CAN OBTAIN OUTSTANDING SERVICE FROM THE VITALLIUM LABORATORY NEAR YOU**



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*helps relieve*

GASTRIC HYPERACIDITY *and* DIGESTIVE  
UPSETS *due to* EXCESS STOMACH ACID.  
BiSoDoL Mints in convenient tablet form.

*Samples Free to the Dental Profession on Request*

THE BiSoDoL COMPANY • NEW HAVEN, CONN.

# ANNOUNCEMENT about BURTON'S X-Ray Film PROJECTOR

## FREE! BOOK ON "PATIENT EDUCATION"

90 pages filled with practical information for every dentist. Treats such subjects as: "The 4 Dental Buying Motives", "Presenting the Need for Inlays and Fillings", "Presenting Pathology — Dentures — Extractions," etc. Send for this book today. It's FREE while limited quantity lasts.

## MONEY SAVING COMBINATION OFFER

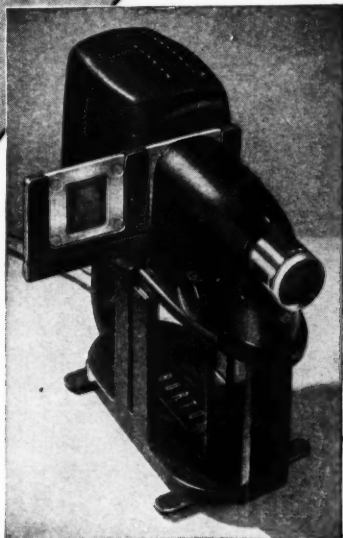
For a limited time only Burton offers a Special Money Saving Combination including X-ray Film Projector; Projector Wall Bracket; Daltite Screen; Film Slide Holder; 2" x 2" Glass Slide Carrier; and 3 Educational Films. Send for information about this attractive money saving offer at once.

## TO DENTISTS WHO OWN A BURTON X-RAY FILM PROJECTOR

The following NEW Educational Films are now available to you: "The Toothbrush . . . Its Use and Abuse," By Courtesy of Dr. I. Hinshfield, Price, \$1.00. "The Missing Tooth," By Courtesy of Dr. John H. Nesson, Price, \$1.50. Film Holders for Above, \$1.50 Each.

## An Indispensable Aid to Dentists

Burton X-ray Film Projector is the "Modern Way" for effective patient education and more accurate and refined interpretation of dental radiographs. Enlarges x-ray films 2x to 50x. This all-purpose projector is also equipped to project 2" x 2" glass slides and 35 m/m horizontal film. Write for special money saving combination offer today. Also be sure to send for FREE book on "Patient Education."



**BURTON MANUFACTURING CO.**

Burton Building, 3855 N. Lincoln Ave., Chicago, Illinois

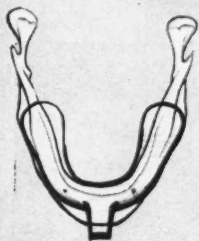
# BURTON

TRI-LUMINAR OPERATING LIGHT . . . LABORATORY LIGHTING  
DENTAL DIAGNOSTIC INSTRUMENTS . . . CAUTERY  
BACTERICIDAL ULTRAVIOLET CABINET

# NEW MIZZY LOW HEAT



*for all ec*



## A HINT TO DOCTORS WHO USE THE FOURNET-TULLER TECHNIQUE

Since the inception of their impression technique, Drs. Fournet and Tuller have been looking forward to the development of high and low fusing compounds that would be perfectly suited to their technique.

They have at last found ideal materials in the NEW Mizzy Compounds and recommend them now to the many doctors who follow their procedure for producing complete stability in full dentures.

\*The new Mizzy compounds are available in both low heat (red) and tray material (black).

**MIZZY INC. • Manufacture**

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# LOW HEAT COMPOUND

## all techniques . . .

The new Mizzy Low Heat Compound combines every possible technical improvement into one superlative impression material.

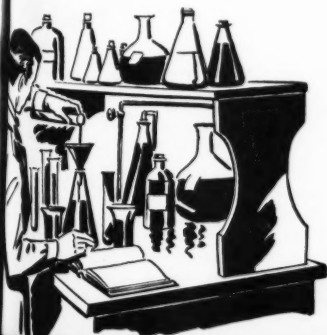
1. It has the widest known working range and may be brought to the mouth soft enough to avoid tissue displacement, OR semi-soft, should you wish to displace tissue.

2. New texture refinements give sharpest registration of detail. 3. New color gives greatest visibility

of detail. 4. Pleasant flavoring and scenting have eliminated old, objectionable compound taste and odor. 5. When chilled, it cools evenly to the core—*without warping*. 6. Finest, even texture insures clean fractures and smooth trimming without flaking or chipping. 7. Used between 120° F. and 125° F.—completely comfortable, with no burning of fingers or mouth tissue.

Not only does this new material and the new Mizzy Black Tray compound elevate impression efficiency to a new high level, but climaxing all these advantages, they do their work easily and accurately *no matter what compound technique you employ!*

Try the new Mizzy Low Heat Compound on your very next case—be sure to ask for it in the new blue and red package.



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10c per word, initials and figures used each counting as one word. Please send remittance with your order.

## WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$2.

**PARTNER WANTED:** Rare opportunity in a busy Colorado dental practice. "R" Oral Hygiene, Pittsburgh.

**WANTED:** Dentist licensed in Massachusetts, Colorado, or in Pacific Coast States. State experience. Address M. Lederer, 2595 Clay Street, San Francisco, California.

**FOR SALE:** Well established location in southern Illinois town; surrounded by very productive farmlands. Reason for selling is opportunity of association in city. "H" Oral Hygiene, Pittsburgh, Pa.

**WANTED SKULL:** Give condition, number of teeth and price. Address Lloyd Lincoln, Medical Bldg., Oakland, California.

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**POSITION WANTED:** Dentist licensed in New York and New Jersey, several years experience, wants position as assistant to some dentist. "E" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Two chair office in small Colorado town with large surrounding farming area. Only dental office in town. Good active practice. A. W. Garrelts, Berthoud, Colorado.

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OH 3-41

## ANTIPHLOGISTINE

is indicated in dental congestions for the relief of pain, inflammation and swelling.

The Denver Chemical Mfg. Co., New York

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If you would like a trial supply of Agarol, please write us. Available in 6, 10 and 16 ounce bottles in all pharmacies.

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*Philip Morris do not claim  
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## 62.3%

of the cases of irritation of  
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on changing to Philip Morris.

## 37.7%

the balance, showed definite  
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*\*From tests reported by Laryngoscope,  
Feb. 1935. Vol. XLV, No. 2, 149-154.*

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Atlanta

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Without color all things appear alike . . . lifeless and drab. The earnest desire of every modern dentist is to give the appearance of life to the restoration he finds necessary to make.

To truly match a tooth you must use a silicate containing natural color. Certified Enamel Improved is pigmented with the natural color of the living body to the end that it will have a lifelike, reddish hue instead of the greenish undercast of less modern silicates. Color—vibrant and warm—will be reflected in your silicate restorations made with Certified Enamel Improved.

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*Certified Enamel*



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# WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

Abbott Laboratories	403
Alkalol Company	384
American Can Co.	381
American Chiclo Co. (Dentyne Gum)	345
Anacin Company	398
Antidolor Mfg. Co., Inc.	356-357
Atlantic Rubber Mfg. Corp.	385
Austenal Laboratories, Inc.	412-413
Baker & Co.	Insert opposite page 353
Baldor Electric Co.	402
Bendick Co.	376
BiSoDol Co.	414
Bosworth Co., Harry J.	408
Bristol-Myers Co.	294, 4th cover
Buffalo Dental Mfg. Co.	378
Burton Mfg. Co.	415
Butler Co., Dr. John O.	394
Calsodent Co., Inc.	293
Camptho-Phenique Co.	376
Castle Co., Wilmot	364
Caulk Co., The L. D.	407
Clark Cleveland, Inc.	382-383
Cleveland Dental Mfg. Co.	2nd cover
Columbia Dentoform Corp.	402
Columbus Dental Mfg. Co.	297
Cook Laboratories, Inc.	356-357
Co-Oral-Itte Dental Mfg. Co.	408
Corega Chemical Co.	367
Crescent Dental Mfg. Co.	376, 384, 394, 395
Curtis Pneumatic Machinery Co.	372
Cutino Co.	385
Dania Beach Hotel	420
Dee & Co., Thomas J.	302
Dentists' Supply Co., The	288-89, 424
Dentyne Gum (American Chiclo Co.)	345
Denver Chemical Mfg. Co.	418
Dewey School of Orthodontia	384
Dixie-Vortex Co.	352
Dinkler Hotels	420
Doherty Rubber Works, Eugene	408
Drucker Co., August E.	291
DuPont Film Mfg. Corp., Inc.	290
DuPont de Nemours & Co., Inc., E. I. (Plastics Dept.)	346-347
Eastman Kodak Co.	365
Fischer & Co., H. G.	392
Fleer Corp., Frank H.	350
Florida Citrus Commission	391
Forhan Co.	308
Garhart Dental Specialty Co.	409
General Electric X-Ray Corp.	371
Glazbrook Bros.	402
Gold and the Platinum Metals in Dentistry	300-301
Hanau Engineering Co., Inc.	362
Handpiece Glove Co.	392
Hoffmann-LaRoche, Inc.	287
Hudson Products, Inc.	292
Hu-Friedy Mfg. Co.	410
Hy-Kare Laboratories	372
Ideal Tooth, Inc.	358-359
International Nickel Co., Inc.	306

Iteco Dental Mfg. Co.	377
Ivory, J. W.	410
Jelenko & Co., Inc., J. F.	303, 386-7
Johnson & Johnson	281
Justi & Son, Inc., H. D.	380
Karpex Mfg. Co.	396
Kerr Dental Mfg. Co.	Insert
Kolynos Company	389
Konformax Labys., Inc.	283
Luxene, Inc.	354-355
Manhattan Mfg. Co.	396
Masel Co., Isaac	372
McKesson Appliance Co.	423
McKesson & Robbins, Inc.	406
Minimax Company	296
Mizzy, Inc.	416-417
Morgan, Hastings & Co.	353
Morris & Co., Ltd., Philip	420
Moyer Co., Inc., J. Bird	379
Mynol Chemical Co.	380
National Welding Equipment Co.	368
Nelson-Kramer Corp.	383
Ney Co., J. M.	305
Nobilium Products, Inc.	383
Num Specialty Co.	384
Ohio Chemical & Mfg. Co.	381
Ospro	396
Parisien Chemical Co.	385
Parker, White & Heyl, Inc.	400
Pelton & Crane Co.	411
Polident	292
Poloris Co.	348-349
Prometheus Electric Corp.	363
Ritter Dental Mfg. Co., Inc.	299
Roberts Rubber Co., Weldon	392
Rorer, Inc., Wm. H.	366
Royal Metal Mfg. Co.	392
Schneider, M. W.	332
Silvodont Co.	390
Smith & Son Mfg. Co., Lee S.	390, 421
Sprague & Co., J. A.	418
Spyco Smelting & Refining Co., 3rd cover	
Squibb & Sons, E. R.	397
Sterile Products Co.	382
Stim-U-Dents, Inc.	365
Takamine Corp.	401
Ticonium	374-375
Torit Mfg. Co.	402
United Drug Co.	351
Universal Dental Co.	369
Vernon-Benshoff Co.	Insert opposite page 352
Vitalene Dental Mfg. Corp.	418
Warner & Co., Inc., Wm. R.	419
Web Distributing Co.	404-405
Wernet Dental Mfg. Co.	Insert
White Dental Mfg. Co., The S. S.	284-285
White Laboratories, Inc.	290
Wiggin's Sons Co., H. B.	332
Williams Gold Refining Co.	394
Wilmot Castle Co.	364
Wisconsin Alumni Research Foundation	373
Wiseman Bros.	386
Wright & Co., Inc., E. T.	295
Young Dental Mfg. Co.	396



## *A picture of a* **MEMORY**

People, unfortunately, remember their painful and uncomfortable experiences in the dental chair long after the benefits of the dental treatment are forgotten. These dental chair recollections are reflected in an attitude of fear and apprehension that keeps people out of dental offices. The growth and stability of a dental practice depends on the return of new patients and the loyalty of old patients.

McKesson nitrous oxid equipment is the best possible insurance against the hazard of *patients' painful memories*. Patients who receive dental treatment with the aid of McKesson equipment do not fear their next appointment. The McKesson Nargraf for anesthesia and analgesia and the McKesson Easor for analgesia provide economic and pain-controlling advantages not available in any other gas dispensing apparatus. Return the coupon and let us tell you what McKesson equipment is doing for other dentists.

O.H.3

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Address ..... State .....

WHEN YOUR PATIENT ASKS

*"Doctor,  
How Will I  
Look with  
Artificial Teeth?"*

Here's a convincing  
photographic answer  
by

TRUBYTE NEW HUE



**B**ECAUSE Trubyte New Hue Teeth are lifelike substitutes for natural teeth, this patient has retained the charm of her personality.

When patients see the lifelike naturalness of Trubyte New Hue Teeth, it is easy for them to understand why the dentures you make for them will escape detection.

You can have the photograph shown on this page attractively mounted for use in your own office. On the back of the picture there will be an interesting story written for your patients on the development of artificial teeth, from the false teeth of Grandma's day to the present-day lifelike substitutes for natural teeth. Send in your request.



THE DENTISTS' SUPPLY COMPANY  
OF NEW YORK

220 West 42nd Street, New York, N. Y.

K S-  
FOR PERSONALIZED DENTURES, ROTATE ANTERIORS



*As a Practical Guide, Use*

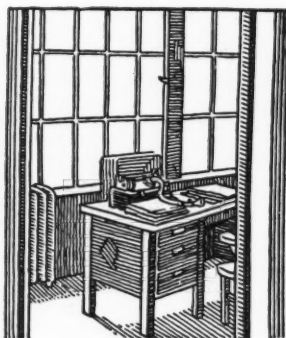
## "Lifelike Arrangements of Trubyte New Hue Anteriors"

Ask your dealer for your free copy of this book.



**P**ICTURED above is one of the 48 arrangements for personalized dentures shown in "Lifelike Arrangements of Trubyte New Hue Anteriors," in which the anteriors are rotated to a distinct esthetic advantage. You can rotate Trubyte New Hue Teeth to any desired irregularity, because they have full labial contour and complete porcelain mesial and distal surfaces.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK



## *The Publisher's* **CORNER**

No. 238

*By Mass*

PUBLISHING IS AN interesting business, a strange business in many ways; it is seldom monotonous, even in a little field like ours. True, in the main you do pretty much the same things day after day; in general, one month is very like another, year in and year out. But a life that would be sort of ring-around-the-rosy, is fortunately, spiced with odd episodes. Certainly ours is, here at ORAL HYGIENE; and bigger papers in bigger fields likely have even more of this quite welcome excitement.

For example, a while ago there came in the morning mail what looked to be just a routine request

for advertising rates. But it was signed by a so-called association of dentists of which we had never heard, so caution dictated the wisdom of having a look before we leaped. ORAL HYGIENE's eastern manager, Sam Stanley, took the first look; then he asked Frank Brock to do some investigating. Frank is an old friend of ours; in the early days, he used to do some writing for dental journals, but now he is in the big time and you see his by-line on *Reader's Digest* articles and in other national papers. Investigating is one of the things Frank most loves to do. He worked with Samuel Hopkins Adams years ago, and was for a long time with the Better Business Bureau. So it was fun for him to call upon this new dental association for us.

Frank found that the brand-new organization had been seeking members among the dental profession at a couple of dollars a year—spot cash on the barrel head. In return, it promised its services for the group buying of dental equipment and supplies and instruments at a flat discount of 20 per cent—a bargain, no less. The “association” also offered to repair handpieces at about a dollar less than regular prices. Then, too, it promised members the facilities of what it called a “free demand” collection service, whatever that might be.

When he called upon them,

(Continued on page 430)

# FUNCTIONAL MUSCLE TRIM



The slow setting of Konformax Rebase is a distinct advantage in obtaining functional muscle trim.

Konformax Rebase, as it comes from the tube, is a soft and easy flowing paste, with less resistance than mouth tissues and muscles.

It permits perfect freedom of the muscles in one hour of setting time, during which the denture is allowed to function normally.

In this manner a superior type of functional muscle trim and tissue adaptation is obtained.

Konformax Rebase is of smooth, easy flowing consistency . . . Does not set by chemical action . . . Variations of office temperature have no effect on it . . . The composition of Konformax Rebase does not change with age . . . It is always ready . . . It produces perfect suction and cushion . . . Is non-irritating . . . May be used on any standard denture material, either full or partial . . . Is not affected by saliva . . . and is inexpensive because ten or more rebasings can be obtained from a \$4 package of six tubes.

ORDER FROM YOUR DENTAL DEALER

## KONFORMAX REBASE

KONFORMAX LABORATORIES, INC., 1720 AVENUE Y, BROOKLYN, N. Y. CABLE ADDRESS: KONFORMAX, NEW YORK



**"For the Filling Invisible"**  
**S.S. WHITE FILLING PORCELAIN IMPROVED**

# "NEW USER PACKAGE"



## CONTENTS:

Use the *Free Trial* powder and liquid. If this trial does not convince you of the superiority of Filling Porcelain Improved, return the remaining contents of the "New User Package" intact and receive full credit

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| 6 Full Portion Powders, one each           |                         |
| No. 20 Pale Yellow                         | No. 23 Yellow           |
| No. 21 Light Yellow                        | No. 23 Pale Yellow-Gray |
| 2 Full Portion Bottles of Liquid           | No. 24 Yellow-Gray      |
| 1 Color Matching Guide, Sterilizable       | No. 26 Gray-Yellow      |
| 1 Powder Measure                           |                         |
| 1 Trial Bottle Powder No. 21, Light Yellow |                         |
| 1 Trial Bottle of Liquid                   |                         |

For Sale by Your Local Dealer

PRICE

**\$16.65**

**THE S.S. WHITE DENTAL MFG. CO**

211 S. TWELFTH STREET, PHILADELPHIA, PA.

The meri  
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blending.  
Silver C  
Red Copp  
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germicida  
Don't n  
Have you  
you an  
Package M

A Handy Assortment of Dependable Cements

S. S. WHITE ZINC CEMENT IMPROVED

# ALL-PURPOSE CEMENT PACKAGE No. 2



The merits of these cements have been demonstrated beyond question in A.D.A. tests and actual practice.

The four Zinc Cement Improved Powders will fulfill all your color matching requirements with practically no blending.

Silver Cement Improved and Red Copper Cement will meet all cementing needs where a germicidal action is desired.

Don't miss this opportunity. Have your local dealer send you an All-Purpose Cement Package No. 2 today.

## Contents:

All 4 Zinc Cement Improved Colors—one full portion each

No. 11 Pure White	No. 13 Incisal Gray
No. 12 Tooth Yellow	No. 14 Gingival Brown

\*2 Bottles Zinc Cement Improved Liquid  
1 Trial Powder Silver Cement Improved  
1 Trial Powder Red Copper Cement

Note: Red Copper Cement will be substituted for the Zinc Cement Improved in this package when so ordered.

\*Same liquid is used for Zinc Cement Improved, Silver Cement Improved, and Red Copper Cement.

PRICE FOR ALL **\$5.00**

(No charge is made for the trial powders)

**THE S. S. WHITE DENTAL MFG. CO.**

1844 ★ Almost a Century of Service to Dentistry ★ 1941

**PHILADELPHIA, PA.**

(Continued from page 426)

Frank discovered the head of the outfit to be a pleasant soul who described himself as a "shatzen," explaining that this meant he primarily devoted himself to the laudable mission of obtaining mates for lonely hearts.

One of the lonely hearts (a dental one) had sold him a bill of goods—the idea that a buying-and-collecting-and-handpiece-fixing association of dentists would be hot stuff. But dentists evidently didn't think so; hence, reluctantly, the "association" had decided not to be one, and was not happy about the whole thing—for, to associate dentists you first have to have some dentists, and nobody had signed up, nobody had sent in a couple of bucks.

"While we talked," reported Frank, "my friend the 'shatzen' unearthed a bottle of Canadian Club. Miss Blue rang the buzzer half a dozen times (her boss operates on the Amos 'n' Andy system) and by the time I left the office there were four anxious people in the reception room waiting to find out how their romances were doing.

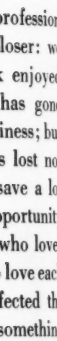
"Why, I ask you, should a nice guy like this, who is bringing joy to the world, want to forsake such a fascinating profession to enter—of all things—the dental business?"

None of us around here know the answer, either. We were all glad it happened, though, even if the "shatzen" wasn't, for, true to his real profession of bringing joy to the world, he had brought us some, too; none of us are seeking mates, but we were grateful for this lovely interruption in our daily grind. It was, altogether, a charming interlude, and much more fun than it would have been if an advertising contract had materialized.

Perhaps the dental profession has been the only real loser: we are happy; Frank Brock enjoyed himself; the "shatzen" has gone back to a really grand business; but the dental profession has lost not only an opportunity to save a lot of money, but also an opportunity to associate with a man who loves people, and wants them to love each other, and who has perfected the technique of doing something about it.

Certainly the dental world could do with a man like that. Dentistry could use a "shatzen," if not this one then another, whose benign influence might in time make dentists just about the chummiest group of people on the planet—loving one another, loving their patients, loving, just a little, even the fellow down the hall who gets the big cases.

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Dentists  
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## D. D. TOOTH BRUSH

The D.D. Tooth Brush is modern – designed with the aid of 1,000 dentists. The hand naturally grasps the unique handle twist so that the bristles may point towards the teeth and not towards the gums. That, combined with the smooth and level contour of the long-life resilient bristles, makes for safe cleaning and gentle massage. Widely spaced bristle knots give practically total tooth surface coverage.

### *The Modern Tooth Brush for Patients of the Modern Dentist*

**BRISTOL-MYERS COMPANY**

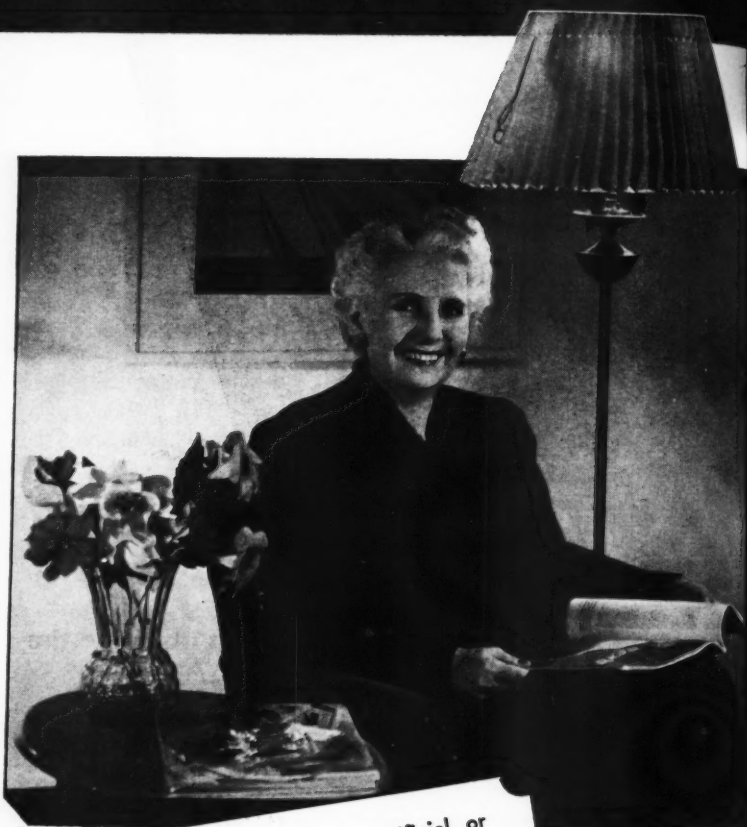
**630 FIFTH AVENUE**

DEPT. 4

**NEW YORK, N. Y.**

*Her*

TRUBYTE NEW HUE TEETH



Whether the light is artificial or natural, Trubyte New Hue Teeth are lifelike because they absorb and reflect harmoniously the colors of their surroundings.

THE DENTISTS' SUPPLY CO.

# *Have the Attractive Appearance of Healthy Natural Teeth*

**T**HE highest development of ceramic art is the secret formula from which Trubyte New Hue porcelain is produced.

Why Trubyte New Hue Teeth resemble healthy natural teeth so closely that they escape detection:



Scientifically accurate blending of the body and enamel.



Precision fusing.



Blended translucence and controlled fluorescence.



**Prosthetic Reputations are Built With  
Trubyte New Hue Restorations**

LY COMPANY OF NEW YORK



## When SOLID FOODS Present Difficulty

During the days following exodontia and other types of oral surgery, when mastication of solid foods not only presents difficulty but also leads to further traumatization, Ovaltine is a valuable aid in solving the problem of maintaining the nutritional state of the patient.

Nutritious, rich in vitamins and minerals, New Improved Ovaltine supplies quickly utilized caloric energy in balanced form. The proteins of this pleasant food drink are of high biologic value, and its carbohydrate and well emulsified fat are readily absorbed. It is digested with remarkable ease, and its palatable taste rarely jades the

appetite, no matter how frequently during the day it may be taken.

In the aim toward optimum nutrition, as a means of arresting or preventing dental caries, Ovaltine can play a significant role.

The recommended three daily servings of New Improved Ovaltine, made according to directions, each with 8 oz. of milk\*, provide in addition to protein, fat, and carbohydrate, the following:

VITAMIN A . . . . .	2578 I.U.
VITAMIN B <sub>1</sub> . . . . .	302 I.U.
VITAMIN D . . . . .	327 I.U.
VITAMIN G . . . . .	491 Sherman-Bourquin units
CALCIUM . . . . .	1.05 Gm.
PHOSPHORUS . . . . .	0.903 Gm.
IRON . . . . .	8.9 mg.
COPPER . . . . .	0.75 mg.

(\*Based on average reported values for milk)

NEW IMPROVED

# Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED

Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value.

Dentists are invited to send for a supply of individual servings of New Improved Ovaltine. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.



# What Shall I Recommend for

## Smoke- Smudge?



*Dentists requesting samples, please specify whether paste or powder is wanted. Request must be on your letterhead and carry your authentic signature.*

"How can I get rid of smoke stains?" —is a frequent question in dental offices today.

IODENT No. 2 will prove to be a satisfactory answer in most cases.

IODENT No. 2 differs decidedly from other tooth pastes in its peculiar texture. Its ingredients are soft — smooth, velvety — perfectly harmless to the most delicate tooth and gum structure.

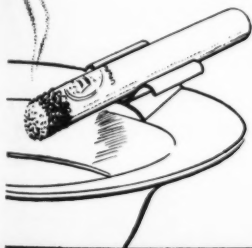
Yet, its texture or consistency is heavy, clinging, tenacious. It doesn't foam up readily under the brush. It keeps its form, clings to the bristles, aiding them effectively in gently but firmly erasing the accumulations and smudges from tooth surfaces.

*We suggest several recommendations where you have the opportunity of watching results.*

## IODENT

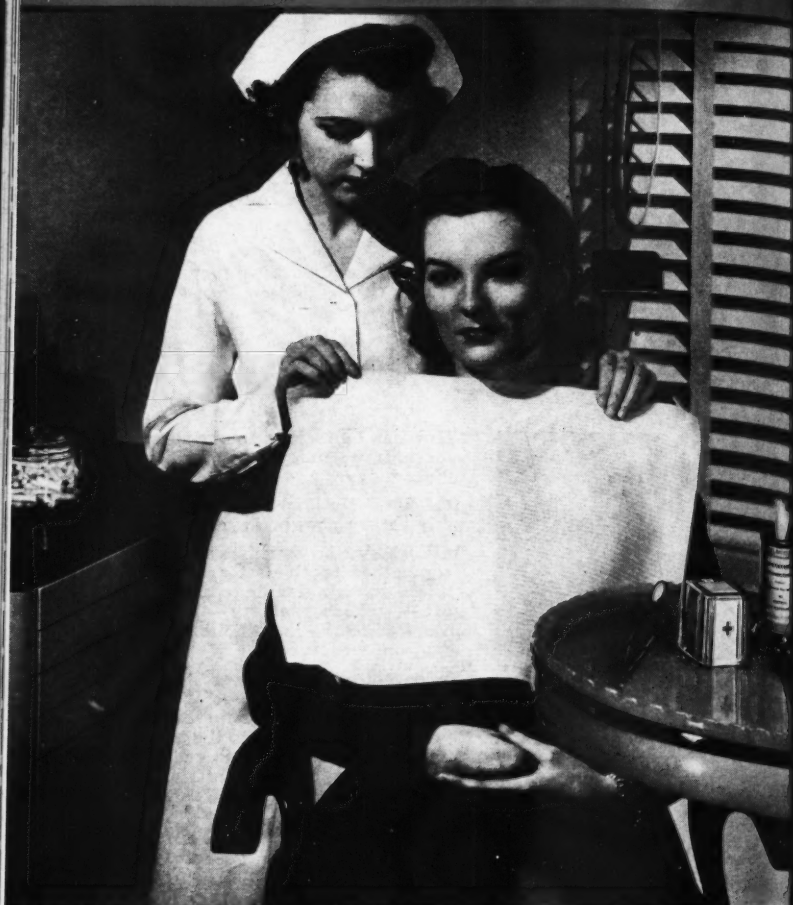
**Chemical Co.**

**Detroit, Mich.**



**Made by a Dentist**

# A NEW TOWEL



● Save money with these practical, one-time-use cotton towels. Size 19" x 14". Box of 100, \$1.10. Box of 500, \$4.95. Special . . . 4 boxes of 500, \$4.45 each.

*These prices apply only in U. S. A.*

**RED CROSS**  
*Professional Towels*

# WE FOR EVERY PATIENT

USE 'EM ONCE...  
THROW 'EM AWAY!  
NO LAUNDRY BILLS!

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### —SAL HEPATICA Plus Water Gentle and Efficient

The need for gentle but effective laxation often presents itself in dentistry. The smooth *liquid bulk* furnished by Sal Hepatica plus water blandly stimulates peristalsis and flushes the intestines. This method of elimination helps rid the bowels of accumulating waste and also serves to supply the necessary bulk.

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Sal Hepatica also acts as a cholaretic and cholagogue and efficiently combats high acid levels in the stomach. Try Sal Hepatica.



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When patient goes on soft or liquid diet — while you treat oral foci of infection — whenever a good aperient is needed to help rid the body of harmful waste.

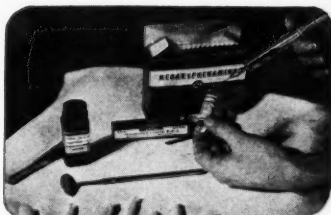
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# VINCENT'S GINGIVITIS

When injected systemically, the arsphenamines have considerable killing power against spirochetes. Because of this fact, Neoarsphenamine, applied topically, has found a certain usage in fuso-spirochetal gingivitis.

This combination package of Neoarsphenamine and Metaphen was specially designed for dental use, with convenience and economy for the dentist in mind. It consists of five ampoules of Neoarsphenamine, D-R-L, and 20 cc. of Metaphen 1:1000 solution. The Metaphen solution, which serves as a solvent, acts as a potent agent in attacking the mixed infection which is usually present.

Each ampoule of Neoarsphenamine contains exactly the right amount of the drug for one treatment. Thus waste is avoided. For complete descriptive literature, write: ABBOTT LABORATORIES, NORTH CHICAGO, ILL.



*Introduce 4 cc. of the Metaphen Solution into the opened Neoarsphenamine ampoule. The powder dissolves immediately. Return solution into syringe. Now ready for use.*

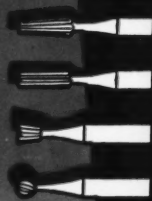


*Block off area to be treated and dry gingival tissue. Then introduce the Neoarsphenamine and Metaphen solution into all existing pockets or deep subgingival recesses.*



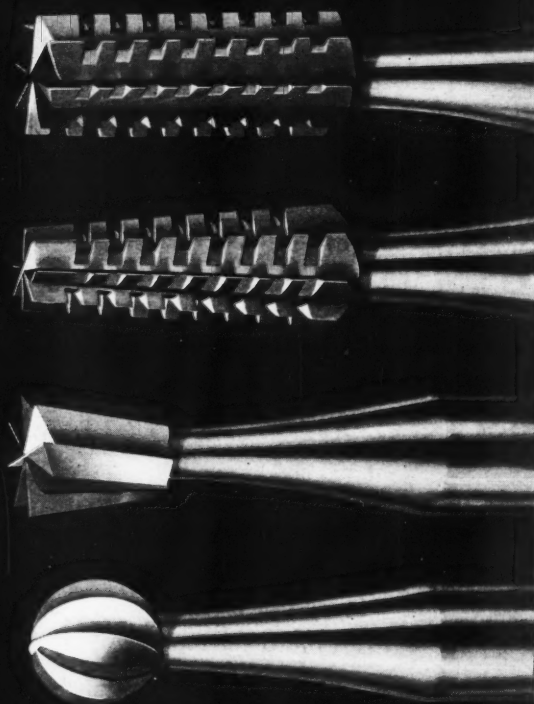
*Any irrigator type tip may be used satisfactorily. The prepared solution should be gently deposited both lingually and labially into all of the affected interproximo spaces.*

**NEOARS-PHENAMINE AND METAPHEN D-R-L**



SO SMALL... and yet

**SO BIG**



So big, we mean, in the part they play in the success of the general practitioner. For burs are by far the most frequently used instruments through which his skill is expressed and by which his competence is judged. It follows, then, that no dentist can afford to be satisfied with less than New Cutwell quality.



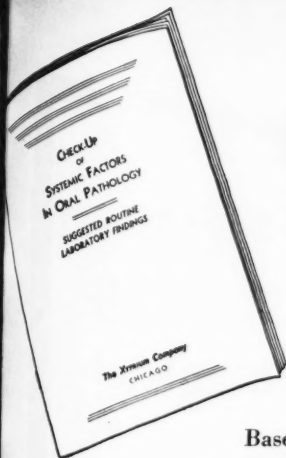
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# In the March of XTTRIUM Progress

Based upon the experience of hundreds of dentists who have been using the Xttrium Technic in the treatment of Pyorrhea, this informative 5½" by 8½" book is offered as an aid in interpreting the systemic factors involved in oral pathology. In addition to the concise, informative text, the brochure contains a 16" by 8½" chart which presents a quick interpretation of the various factors of diagnosis.

Although originally prepared as a service for Xttrium users, the enthusiastic reception accorded the first edition of this brochure has prompted us to make it available to every dentist. The coupon below will bring you a copy. Your request will in no way involve any obligation.

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ment to completion, thus demonstrating the complete Technic and providing dentists with a practical means for observing results.

You are cordially invited to attend. The school, located at 343 South Dearborn Street, Chicago, is in operation every afternoon from 2 until 5, except Saturday and Sunday. Evening groups can be arranged for by appointment. We will be glad to send you additional information.


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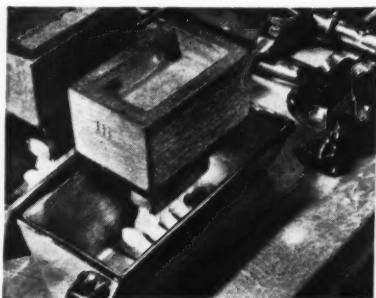


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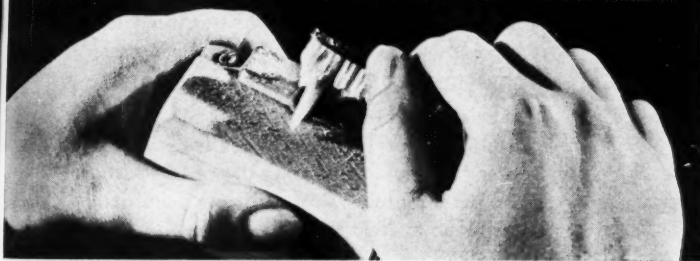
### QUANTITATIVE LUSTRE MEASUREMENT

*Recording photoelectric spectrophotometer to measure degree of lustre on polished teeth... from page 5 of booklet.*



### HAND BRUSHING TESTS

*Mounted tooth and brush, showing method of hand brushing . . . from page 4 of the booklet.*



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